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ABSTRACT

This report analyzes problems in New York State efforts to reduce unwanted adolescent pregnancy and its associated problems. Following an executive summary and introduction, the report consists of five sections. Section 1 details the framework and background for the Task Force recommendations. Section 2 provides an overview of current efforts to address adolescent pregnancy in New York State. Section 3 describes gaps and barriers which inhibit the State's capability of effectively dealing with the issue. Section 4 presents seven recommendations and a series of implementation steps. The recommendations are: (1) The State Education Department, and other agencies, should be sure that students are given a relevant education. (2) Access to quality, comprehensive, and affordable health care should be ensured for children and adolescents. (3) New York State should ensure coordination of services for pregnant adolescents at the State and local levels. (4) Programs and policies should encourage self-sufficiency. (5) The State should ensure that a continuum of appropriate living arrangements is available for pregnant and parenting adolescents. (6) The State should ensure that the promotion of employment opportunities is an integrated part of its approach to addressing adolescent pregnancy. (7) New York should effectively and consistently use the media to address the issue of adolescent pregnancy and counter negative messages youth currently receive. Finally, the fifth section outlines the future agenda of the Task Force. (KH)

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MOVING FORWARD: NEXT STEPS

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January 1986

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January 28, 1986

Dear Governor Cuomo:

It is my pleasure to transmit to you, on behalf of the members of the Governor's Task Force on Adolescent Pregnancy, our second report, Moving Forward: Next Steps.

This document identifies existing barriers and service gaps, and offers a series of specific recommended steps that can bring New York State closer to the goal of reducing adolescent pregnancy and its associated problems. The analysis and suggested actions are based on the framework delineated in our initial report, Setting Directions, and, as such, are aimed at both preventing teenage pregnancies and improving the delivery of services to pregnant, parenting, and at-risk adolescents.

The Task Force recognizes that the agenda in this report is ambitious. However, the Task Force is unanimous in its belief that only through such a comprehensive approach can we hope to address the fundamental issues surrounding adolescent pregnancy.

Your leadership has served to encourage Task Force members during the many hours of discussion devoted to this effort. This report reflects the collective talent, expertise, and direct experience of Task Force members, and represents their best ideas for a cohesive strategy for New York State.

The Task Force looks forward to your ongoing support.

Sincerely,

Joseph J. Cocozza

Joseph J. Cocozza

MOVING FORWARD: NEXT STEPS

SECOND REPORT OF THE GOVERNOR'S TASK FORCE ON ADOLESCENT PREGNANCY

January 1986

EXECUTIVE SUMMARY

This is the second report from the Governor's Task Force on Adolescent Pregnancy to the Governor and Legislature. The first report, Setting Directions, presented major new directions for New York State's efforts to address adolescent pregnancy. This second report builds on the previous year's work through an analysis of gaps and barriers and the formulation of specific recommendations.

Introduction

In 1984, available New York State statistics indicate that over 59,000 adolescents under the age of 20 became pregnant, and more than 29,000 females in the same age group became parents.

Teenage parenthood interrupts the normal transition to adulthood during which adolescents complete school, find jobs, and eventually establish their own families. As a result, adolescents who become pregnant and/or adolescent parents are at risk of severe problems which may impede their opportunities to lead fulfilling adult lives.

Through Executive Order 37, the Governor's Task Force on Adolescent Pregnancy was established in the spring of 1984 as part of Governor Cuomo's effort to respond to the continuing problem of adolescent pregnancy in New York State. The Task Force's purpose is to advise the Governor and Legislature, through policy and program recommendations, on ways to better address the problem.

The Task Force is composed of 42 members. These include commissioners and directors of ten state agencies, service providers, social workers, health administrators, individuals who have been adolescent parents, educators, and advocates. Members come from virtually every region of the state, reflecting urban, suburban, and rural concerns.

SECTION I. Framework and Background for Task Force Recommendations

During its first year, the Task Force articulated a new framework for state action which included increased emphasis on and refocusing of prevention efforts. This prevention strategy was focused on youth and family development, which takes a more fundamental approach to addressing the causes of adolescent pregnancy. This approach will enhance the capacity of communities to promote and support healthy youth and families.

Without relinquishing its strong commitment to youth and family development, the Task Force acknowledged that there will continue to be a need for services for pregnant, parenting and high-risk adolescents. Therefore, a balanced system of prevention services and services to meet the

needs of at-risk, pregnant and parenting adolescents is necessary. These services include a full range of reproductive and other health care, job training, child care, housing, and employment.

During the past year, the Task Force has embarked on an analysis of policy and program issues necessary to implement the new framework. The year's work culminated in a set of recommendations, which are outlined in this second report.

Due to the complex and interrelated nature of issues related to adolescent pregnancy, Task Force efforts to develop policy and programmatic recommendations had to be multidimensional in nature. Therefore, a three-dimensional matrix was developed to guide Task Force deliberations. Dimension I of the matrix reflects the two major directions proposed by the Task Force for addressing adolescent pregnancy in the state: youth and family development; and a comprehensive, coordinated approach to services for pregnant, parenting and at-risk youth. Dimension II outlines crosscutting issues to which the Task Force is philosophically committed, regardless of the service being provided. They include such issues as empowerment of families, communities and individuals, accessibility and equity of service, and service coordination. Dimension III represents the major service areas which relate to adolescent pregnancy. The areas are child care, health, housing, education, employment, and income support.

SECTION II. Overview of Current Efforts to Address the Issue of Adolescent Pregnancy

As a basis for examining appropriate future action, Section II reviews current initiatives and funding programs pertinent to adolescent pregnancy. Efforts to address adolescent pregnancy have been ongoing in New York State for a number of years. Over time, new initiatives have been developed through various legislative and administrative procedures. Information on current efforts was obtained from surveys of all relevant state agencies and included programs which address the issue of adolescent pregnancy.

In addition to examining programs and initiatives which are specifically designed to address adolescent pregnancy, the Task Force also examined a large number of programs which provide appropriate and needed services for at-risk, pregnant and parenting adolescents, although the target populations of these programs are broader in scope.

SECTION III. Gaps and Barriers to Addressing Adolescent Pregnancy

While there exists a strong commitment to alleviating the problems of adolescent pregnancy at both the state and local levels and while significant efforts have occurred over the past several years, the ability of community groups, service providers and others to respond effectively is impeded by gaps and barriers in the current service system.

Insufficient Emphasis on Youth and Family Development - Within the

constraints of limited resources, human service systems tend to serve those most in need (i.e., those in states of crisis or those least able to cope). This delayed approach to services, combined with a lack of understanding of the long-term fiscal benefits of prevention, has hindered efforts to develop a systematic network of supports and services which promote positive youth and family development.

Inadequate Coordination - Lack of coordination exists at both the state and local levels. Although a number of state agencies may articulate priorities around the same issue, such as adolescent pregnancy, the activities and mandates of each are often unconnected. Resulting programs on the local level are often either fragmented or duplicative.

Inaccessibility of Existing Services - Regardless of the degree to which services are available to youth, if they are not accessible they will not be utilized. The barriers which prevent adolescents from seeking and receiving services they need are numerous. Complicated eligibility requirements and lengthy processing of applications for services confuse, frustrate, and intimidate the young. Geographic location and cost often present barriers to youth who have neither transportation to get to services nor an adequate income to pay for them. Additionally, an actual or perceived lack of confidentiality and insensitivity to cultural and adolescent issues on the part of some service providers lead many adolescents to question the degree to which the system wants to serve them.

Limited Academic Proficiency of Many Youth Leaving the Educational System - Many adolescents graduating from high school lack not only the basic skills but also the tools they need to obtain employment and become self-sufficient members of society. Additionally, an unacceptably high number of adolescents in New York State drop out of school before graduation. For these youth, school is viewed as dispensable and irrelevant to their futures.

Insufficient Integration of Schools and Supportive Services - Many adolescents fail to learn within the school system or drop out altogether because their special, nonacademic needs are not being met. Special programming and necessary support services which could assist adolescents to remain in school are often not available. For pregnant and parenting adolescents, in particular, the lack of such services to meet their needs effectively precludes completion of their education.

Lack of Mandated Family Life Education - Family life education in the schools is a useful tool as an adjunct and support to parents in assisting adolescents toward responsible adulthood. Currently, however, family life education is not routinely provided to all students in New York State, and no funding is appropriated within the State Education Department budget to support either the provision of technical assistance to school districts to develop such programs or the actual implementation of family life education in the schools. The State Education Department is able to provide limited technical assistance through a small grant from the Department of Social Services.

Inadequate Health Care Strategies - Health services are often seen by adolescents as "unapproachable". Real or perceived lack of confidentiality lead to delayed services and often no services at all for this population. Cost appears prohibitive for youth with no regular income. The location of services and their hours of operation are typically not convenient, especially for those in school, and, frequently, a lack of sensitivity on the part of service providers to the unique needs and issues of adolescents compounds the problem. Services are not always provided within the ethnic and cultural context of the population targeted for services and, therefore, are not seen as familiar and comfortable for minority youth. Further, funding levels are inadequate to meet the need. Therefore, many communities experience serious gaps in service. Additionally, Medicaid eligibility standards often prevent those in need from receiving services and health insurance policies cover virtually no preventive care.

Lack of Adequate and Appropriate Child Care - For adolescent parents, the inability to obtain adequate infant and child care is a significant barrier to employment, training and returning to school. Funding for child care in general is inadequate in almost all communities. Regulations and eligibility criteria for existing funding streams have posed restrictions to the development of accessible child care. Additionally, on-site care, particularly at schools, is largely unavailable.

Insufficient Supports for Developing Appropriate Living Arrangements - The shortage of appropriate housing has emerged as a major problem facing pregnant and parenting adolescents. There is a lack of adequate programs and support for pregnant and parenting adolescents wishing to remain with their families, who often require assistance in addressing new problems and stress. Options for independent living arrangement are also extremely limited and, too often, the choices available are far from ideal. Finding housing is a major task even for those with sufficient incomes. Additionally, a general lack of funding has inhibited the development of innovative alternative and supportive housing models.

Inadequate Training and Employment Opportunities - Current employment and training programs have resulted in limited effectiveness for pregnant, parenting and at-risk youth. JTPA, the major vehicle for employment training, presents a number of barriers for the entire at-risk population. Primary among these barriers are the performance standards set forth by the federal program. Further, the inability to arrange child care prevents many young parents from participating in employment and training programs.

Inadequate Supports for Independent Living - Many young people reach adulthood with insufficient skills for independent living. Available role models are often inadequate, and formal curricula for preparing youth for independent living are rarely found in educational settings or in residential placements where youth are at extremely high risk of long-term dependency. The current income maintenance system is of limited effectiveness in actively assisting recipients towards independent living. Among the disincentives is the lack of transitional supports for public assistance recipients attempting to maintain stable employment.

Inappropriate Messages Promoted by the Media - The media in our society can substantially influence the lives of children and adolescents. Through various forms of media, young people are given messages about how to dress and act and what to believe and value. What is conveyed, however, is often detrimental to youth. Sex stereotyping is common. In addition, sexual messages are pervasive in the media. Sex is portrayed in an unrealistic manner, often devoid of any sense of responsibility or consequences. Little success has been realized in countering these messages and using the media to educate and inform.

SECTION IV. Recommendations and Implementation Steps

The Task Force has developed seven broad recommendations and corresponding implementation steps for addressing the problem of adolescent pregnancy in New York State. While these recommendations are important steps towards realizing goals, objectives and strategies which were established in six service areas during the Task Force retreat, they must be viewed as part of a task that is still in process. The foundation for the recommendations and implementation steps that follow are the two major concepts presented in the Task Force's first report, Setting Directions. They are: youth and family development; and a comprehensive, coordinated approach to services for at-risk, pregnant and parenting adolescents.

RECOMMENDATION I:

THE STATE EDUCATION DEPARTMENT, IN CONJUNCTION WITH OTHER STATE AGENCIES, SHOULD ENHANCE THE ROLE OF THE EDUCATIONAL SYSTEM.

Implementation Steps

A. The Education Law should be amended to mandate the implementation of family life programming in all public schools.

B. The capacity of schools to ensure coordinated services to students should be increased.

C. The number of school-based clinics providing a full range of health services, including reproductive health care, should be increased.

D. The availability of school-based child care services should be increased.

RECOMMENDATION II:

ACCESS TO QUALITY, COMPREHENSIVE AND AFFORDABLE HEALTH CARE SHOULD BE ENSURED FOR CHILDREN AND ADOLESCENTS

Implementation Steps

A. New York State should ensure that health practitioners are sensitive to the unique issues and concerns of adolescents and to the cultural and ethnic issues of those they serve.

B. Family planning services must be increased and made more accessible.

C. The Department of Health should ensure that the efforts to establish comprehensive prenatal-perinatal service networks effectively address the needs of pregnant and parenting adolescents.

D. Medicaid eligibility levels should be raised to ensure greater access to health care.

RECOMMENDATION III:

NEW YORK STATE SHOULD ENSURE COORDINATION AT THE STATE AND LOCAL LEVELS.

Implementation Steps

A. New York State should require coordination and complementary planning on the local level.

B. Coordinated service delivery should be enhanced by requiring involvement in local consortia by all grantees as a condition of all state funding for adolescent pregnancy-related programs.

C. Task Force members should be appointed to other pertinent commissions.

D. Funding for the Governor's initiative should be expanded to ensure comprehensive service development in additional high risk communities.

E. The Council on Children and Families should convene an interagency policy group to ensure coordination of efforts around adolescent pregnancy issues.

RECOMMENDATION IV:

NEW YORK STATE SHOULD ENSURE THAT PROGRAMS AND POLICIES ENCOURAGE SELF-SUFFICIENCY

Implementation Steps

A. All state agencies should cooperate with the Task Force in examining issues concerning the promotion of self-sufficiency.

B. New York State should provide transitional supports for individuals leaving public assistance to accept employment.

RECOMMENDATION V:

NEW YORK STATE SHOULD ENSURE THAT A CONTINUUM OF APPROPRIATE LIVING ARRANGEMENTS IS AVAILABLE FOR PREGNANT AND PARENTING ADOLESCENTS.

Implementation Steps

A. New York State should assess recent changes in public assistance regulations and develop recommendations to remove federal disincentives to teen parents remaining with their families.

B. DSS should clarify procedures and regulations to encourage shared housing as an option for adolescent parents.

C. Funds should be made available to demonstrate model housing arrangements for pregnant and parenting adolescents.

D. Housing strategies which bring together employment and training needs and public/private cooperation should be encouraged.

RECOMMENDATION VI:

NEW YORK STATE SHOULD ENSURE THAT THE PROMOTION OF EMPLOYMENT OPPORTUNITIES IS AN INTEGRATED PART OF ITS APPROACH TO ADDRESSING ADOLESCENT PREGNANCY.

Implementation Steps

A. The use of youth employment competencies under JTPA should be encouraged and expanded.

B. The NYS Department of Labor should encourage, through its local planning process, the development of local partnerships between community-based organizations serving pregnant and parenting adolescents and JTPA-funded employment programs.

C. The STEP program should be expanded to include a specific component of the program targeted to pregnant and parenting adolescents.

RECOMMENDATION VII:

NEW YORK STATE SHOULD EFFECTIVELY AND CONSISTENTLY USE THE MEDIA TO ADDRESS THE ISSUE OF ADOLESCENT PREGNANCY AND COUNTER NEGATIVE MESSAGES YOUTH CURRENTLY RECEIVE.

Implementation Steps

A. New York State, with the assistance of the Task Force, should develop and implement a mass media campaign.

B. New York State should provide necessary resources to the Task Force to conduct Youth Speakouts in conjunction with the media campaign.

C. The Council on Children and Families should convene an interagency media group to coordinate efforts across state agencies.

SECTION V. FUTURE TASK FORCE AGENDA

The set of recommendations outlined in this report present important challenges to New York State for the coming year. Building upon the past work of the Task Force, future activities will include further examination of the cost-effectiveness of state programs, as well as the identification of opportunities to foster greater coordination. Additionally, the Task Force will focus on issues related to enhancing the role of the educational system, increasing access to basic health care, and reviewing the income and social support system. Finally, the role of the media will be a major Task Force agenda item.

Few issues are more complex or require a more comprehensive agenda than adolescent pregnancy. The Governor's Task Force on Adolescent Pregnancy is honored to be part of just such a statewide agenda formulated by the Governor. New York State has recognized the pressing nature of the crisis of adolescent pregnancy within the state and has sought broad involvement in addressing it. This has required a willingness to allow an examination of flaws and failures of past programs as well as an exceptional commitment of state agency time and resources. The Task Force has been an able and ready participant in forging New York State's comprehensive approach to the prevention of adolescent pregnancy.

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INTRODUCTION

A. Overview of the Issue

Every year in New York State approximately one out of ten adolescent females, ages 15 - 19, becomes pregnant. During the last decade, the pregnancy rate for this group has continued to rise, but for younger adolescents, the increase has been particularly alarming. Since 1974, the pregnancy rate for 10 to 14 year old females has increased 36 percent in the state. In 1984, available statistics indicate that over 59,000 females under the age of 20 became pregnant.

Although the number of adolescent pregnancies has decreased by approximately 4,000 since 1983 and only about 44 percent of the pregnancies to adolescents in 1984 resulted in live births, the impact of a pregnancy on an adolescent, regardless of outcome, is dramatic. Further, for the more than 29,000 young women who became parents in 1984, the birth of their children precipitated major changes in their lives and put their children at risk of social, physical and emotional problems. There is also considerable, and too often overlooked, disruption in the lives of adolescent males due to their new status as fathers.

Teenage parenthood interrupts the normal transition to adulthood during which adolescents complete school, find jobs, and eventually establish their own families. As a result, adolescents who become pregnant are at risk of severe problems which may impede their opportunities to lead fulfilling adult lives.

A growing body of knowledge documents the economic and social disadvantages associated with early childbearing. These include a greater incidence of health problems for mother and child, greater marital instability, lower educational attainment, and lower labor force participation and earnings. Early childbearing contributes directly to the increase of poor, female-headed families; over one-half of all families receiving public assistance across the country are headed by women who are or were teenage mothers. These young mothers also remain on welfare longer than other recipients of public assistance. Thus, in addition to the individual and family stress generated by childbearing, the cost to society of teenage pregnancy is significant. This can be measured by increased public expenditures for health, social services, and public assistance, as well as by the loss of future economic and social contributions teen parents would have made had their educational and vocational choices not been limited by early childbearing.

While special attention is necessary to deal with the complex health, educational and social problems of those adolescents who are already pregnant or parents, the needs of adolescents who are at risk of pregnancy must also be addressed, so that the health and social problems described above do not become an inalterable part of their lives. In designing both prevention approaches and services for at-risk youth, it is essential that

target populations be fully inclusive. Some youth are at risk due to sexual activity; others are at risk because of the communities in which they live. The highest rates of adolescent pregnancy are historically found in communities in which poverty and family instability are common and where conditions restrict educational and economic opportunities, provide inadequate supports for families, and limit access to needed health and other services. A comprehensive prevention approach, therefore, must include increased support for communities and families as well as support for youth themselves.

B. Creation of the Governor's Task Force on Adolescent Pregnancy

In February 1984, Governor Cuomo announced his intention to introduce a statewide adolescent pregnancy initiative in response to the problem of adolescent pregnancy in New York State. The goals of the initiative are to reduce the incidence of pregnancy among teenagers, make better use of existing supportive services to those who become pregnant, and create new services where they are needed. To accomplish these goals, the Governor detailed a series of activities, including the establishment of a statewide task force on adolescent pregnancy. The purpose of the Governor's Task Force on Adolescent Pregnancy, established through Executive Order 37, is to advise the Governor and Legislature on state policy and program development in order better to address the complex problems of adolescent pregnancy.

The Task Force is composed of 42 members. These include commissioners and directors of ten state agencies, service providers, social workers, health administrators, individuals who have experienced parenthood during adolescence, educators, and advocates. Members come from virtually every region of the state, reflecting urban, suburban, and rural concerns. The Executive Director of the Council on Children and Families chairs the Task Force, and support for the Task Force is provided by staff of the Council. In addition, representatives of other state agencies involved with adolescent pregnancy act as resources.

Through Executive Order 37, the Governor presented the Task Force with the following six charges:

- Analyze the availability and accessibility of services to adolescents at high risk of pregnancy, pregnant adolescents, and adolescent parents in order to make recommendations for improving the delivery and coordination of such services;

- Promote the development and implementation of family life education programs or other preventive strategies, with special emphasis on high risk adolescents and their families;

- Ensure the cost-effective expenditure of funds for services through the review of agency funding mechanisms and through the establishment of guidelines for disbursement of funds to local providers;

- Encourage, at the local and regional levels, the provision of technical assistance for improving the coordination of services to adolescents at high risk of pregnancy, pregnant adolescents, and adolescent parents;

- Enhance the independence and self-sufficiency of pregnant teenagers and teenage mothers by recommending services to permit adolescents to continue their education, have access to day care, and receive adequate vocational and employment training; and

- Submit an annual report to the Governor and Legislature documenting the progress of the Task Force and containing recommendations for the delivery, funding, and coordination of services.

In February 1985, the Task Force released its first report, entitled Setting Directions. Based on the above charges, the report formulated a framework for New York State's approach to adolescent pregnancy.

C. Structure of the Report

The Task Force recognizes the developmental nature of its work. During its first year, the Task Force articulated directions and established a foundation for New York State's efforts to address the issue of adolescent pregnancy. During the second year of Task Force discussion and deliberations, a number of specific action steps have been identified, along with priorities for further identification and action in subsequent years. Reflecting this incremental approach, Moving Forward: Next Steps builds on the first Task Force report and translates the broad framework outlined in Setting Directions into a first set of strategies, including specific recommendations and implementation steps. It identifies those gaps and barriers within various systems which impede the state's ability to address adolescent pregnancy effectively and suggests avenues for closing the gaps and eliminating the barriers.

The remainder of this report consists of five sections. The first section details the framework and background for the Task Force recommendations. Section II provides an overview of current efforts to address adolescent pregnancy in New York State. Section III describes gaps and barriers which inhibit the state's capability of effectively addressing the issue. Section IV contains seven major recommendations, supported by a series of implementation steps. Taken together, these separate steps form the beginning of the Task Force's proposed comprehensive action plan for New York State. These steps also form the future agenda of the Task Force, which is outlined in the fifth and final section of the report.

I. FRAMEWORK AND BACKGROUND FOR TASK FORCE RECOMMENDATIONS

In order to carry out its charges, the Task Force organized itself into three committees, with each committee assuming responsibility for a particular area. This section describes the work of the three committees over the past year, with special attention focused on two major activities. First, in order to collect and analyze information on policies and services, the Task Force developed survey instruments to be distributed to state and local agencies. Second, in an effort to integrate the activities of the various committees, a Task Force retreat was held, which allowed for the development of recommendations and implementation steps.

A. Overview of Task Force Activities

The Governor's Task Force on Adolescent Pregnancy was first convened on June 19, 1984 in Albany, New York. After reviewing its charges, the Task Force organized its activities into three areas and established corresponding committees. The committees and their areas of responsibility are:

- Policy Committee

  The Policy Committee is responsible for formulating recommendations for state and local policy. This includes the review and analysis of existing state agency policies and regulations to determine barriers to service.

- Program Committee

  The Program Committee is responsible for promoting the development of accessible and effective programs for the reduction of teenage pregnancy and its consequences throughout New York State. This entails the identification of model programs and the analysis of the availability, accessibility and client utilization of currently provided services.

- Community Education and Awareness Committee

  The Community Education and Awareness Committee is responsible for designing strategies to increase the level of knowledge and awareness regarding the problems of adolescent pregnancy across the state. In addition, the committee identifies means for encouraging greater use of services by young people.

Initially, both as a full Task Force and within committees, the Task Force sought to establish priorities and define a clear direction for its work. Among its activities were joint committee discussions and formal priority setting exercises sponsored by the Program and Policy Committees.

In addition, a major activity was undertaken to obtain available information on existing policies and services that relate to the issue

of adolescent pregnancy. Because an analysis of existing service systems was viewed as a necessary step in the development of policy and program recommendations, the Program and Policy Committees collaborated on the development of a survey instrument to be administered to all state agencies which have policy or programmatic responsibility directly related to adolescent pregnancy.

To complement the findings of the state level survey, the committees also developed a survey to be administered to a representative sample of local service providers in communities across the state. The instrument was developed to provide information on the local impact of the various state policies while giving an indication of the accessibility and adequacy of various services. These two surveys are discussed more fully later in this section.

The major emphasis of the Community Education and Awareness Committee has been on the role of the media and its effects on the lives of adolescents. This has resulted in the committee's recommendation to initiate a mass media campaign. Possible themes for the campaign were suggested by committee members, and target populations were identified. Youth Speakouts, to be held in conjunction with a media campaign, were also recommended by the committee. In addition, a meeting with state agency public information officers was held to identify existing outreach and public awareness efforts and to explore options for further coordination of resources.

The activities of the various committees and the full Task Force culminated in the release in February, 1985 of the first report of the Task Force to the Governor and Legislature. Entitled Setting Directions, the report articulates a new framework and direction for New York State with respect to the issue of adolescent pregnancy.

Central to the new framework is an increased emphasis on and refocusing of prevention efforts. The report outlines a prevention strategy, youth and family development, which takes a more fundamental approach to addressing the causes of adolescent pregnancy. This approach will enhance the capacity of communities to promote and support healthy youth and families. Basic institutions such as the educational system, churches and other religious institutions, local public and private sectors of the community, and the medical community must become more responsive to the needs of youth and families. Additionally, aggressive efforts must be made to include grassroots community organizations, cultural groups, civic organizations, and other local groups in this effort. These groups often reflect the culture and tradition of communities and represent frequently untapped community strength.

Without relinquishing its strong commitment to youth and family development, the Task Force acknowledged that there will continue to be a need for services for pregnant, parenting and high risk adolescents. Therefore, the report proposed a balanced system of prevention services and services to meet the needs of at-risk, pregnant and parenting adolescents. These services include a full range of reproductive and other health care, job training, child care, housing, and employment.

Since the release of the first report, the Task Force has maintained its original committee structure and has focused on developing strategies to integrate the priorities articulated in Setting Directions into New York State's approach to adolescent pregnancy. This culminated in a two-day Task Force retreat in August, 1985. The purpose of the retreat was to develop goals, objectives and strategies upon which formal recommendations could be formulated. These objectives and strategies were designed to further the development of a comprehensive, balanced system of youth and family development and services to meet the needs of at-risk, pregnant and parenting adolescents.

B. State Agency and Community Agency Surveys

In order for the Task Force to carry out its charges in a careful and effective manner, it must have the best and most complete information available on existing policies and services. The development of policy and program recommendations cannot be made without a careful analysis of existing service systems as stipulated in Executive Order 37. This requires the analysis of policies within a number of state agencies, since existing systems and programs are developed independently and, at times, conscious efforts to link agency policies do not occur. In order to analyze existing policies, the Task Force developed a survey instrument to be administered to all state agencies which have policy or programmatic responsibility directly related to adolescent pregnancy.

In April, 1985 the State Agency Survey was distributed to the commissioners or directors of the following agencies:

Division of Alcoholism and Alcohol Abuse
Department of Correctional Services
Division of Criminal Justice Services
State Education Department
Department of Health
Division of Housing and Community Renewal
Department of Labor
Office of Mental Health
Office of Mental Retardation and Developmental Disabilities
Division of Parole
Division of Probation
Department of Social Services
Department of State
Division of Substance Abuse Services
Division for Youth

The Task Force has completed a preliminary analysis of the data received from the above agencies and is currently undertaking a more systematic analysis which will yield information on cost-effectiveness, level of coordination, gaps in service and conflicts in policies.

To complement the findings of the state level survey, the Task Force also developed a survey to be administered to a representative sample of local service providers in communities across the state. The instrument is designed to provide information on the local impact of the various state policies while giving an indication of the accessibility and adequacy of various services.

The Community Agency Survey is currently being completed in 20

communities in New York State. These communities were chosen as representative samples of urban, suburban and rural settings. In each community, providers of a comprehensive array of services have been requested to respond to the survey.

C. Development of a Matrix for Systems Analysis

Due to the complex and interrelated nature of issues related to adolescent pregnancy, efforts to develop policies and service strategies must be multidimensional in nature. As a result, the use of an analytical tool was considered necessary to allow the Task Force to adequately examine the issues surrounding adolescent pregnancy. The following three-dimensional matrix was, therefore, developed. Dimension I of the matrix reflects the two major directions proposed by the Task Force for addressing adolescent pregnancy in the state. Dimension II outlines crosscutting issues to which the Task Force is philosophically committed, regardless of the service being provided. Dimension III represents the major service areas which relate to adolescent pregnancy.

Dimension I - Major Directions

The following two concepts were outlined in Setting Directions as guidelines for future actions and deliberations related to addressing adolescent pregnancy.

1. Youth and Family Development

It is the Task Force's belief that an effective prevention strategy must be anchored in a systematic network of supports and services which promote positive youth and family development. Such an approach encompasses a broad array of activities, including stimulating family support networks, ensuring the provision of adequate nutrition and health care, and improving the availability of day care, educational and vocational services, employment opportunities and parenting education. It is based on the need to strengthen the capacity of communities and basic institutions such as the education system, local government, the medical community, formal and informal community networks and churches and other religious institutions to respond to the needs of all children and families.

The healthy integration of a young person's sexuality into his/her overall definition of self is an essential part of youth development. In order for adolescents to complete their social and emotional development, they need to receive, throughout childhood and adolescence, consistent support from their parents and healthy school and community environments in which to grow and learn. That is, in order to make responsible decisions about sexuality and childbearing, adolescents must have the knowledge, feeling of self-worth, and ability to set appropriate life goals. Further, accurate and timely information and access to basic health care, family life education that is integrated throughout all academic grade levels, and accessible and affordable family planning services must be considered in the development of a community's prevention strategy.

2. Comprehensive, Coordinated Approach to Services for Pregnant, Parenting and At-Risk Youth

In order to strike an appropriate balance between prevention services and services for pregnant and parenting adolescents, the Task Force and New York State must seek to increase the effectiveness and ensure the accessibility of services to those who are pregnant and parenting, even as steps are taken to diminish the need for them. Such efforts include investigating methods to improve coordination, encouraging case management and client advocacy, ensuring that services are culturally relevant, making services more accessible by reducing barriers to service use, and evaluating model programs.

Dimension II - Crosscutting Issues

In structuring intervention strategies, regardless of service type, a number of key issues must be addressed. The following crosscutting issues identified by the Task Force represent central themes which transcend any particular recommendation or policy. It is by using these issues as a guidepost that the Task Force will ensure that all subsequent recommendations will reflect the Task Force's basic philosophies about the enablement of communities, youth and families. The Task Force believes these issues are of overriding concern and that all services and policies should be shaped and evaluated in light of them.

1. Families, communities and adolescents must be empowered to advocate and become resources for and among themselves.

2. Related policies and programs across state agencies must be consistent and enhance local capacity for coordinated service delivery.

3. Accessibility of services must be ensured through the consideration of: transportation needs; language and cultural differences; funding and fee structures; and consent and confidentiality requirements.

4. Equity of services must be ensured in respect to gender, cultural and ethnic groups, and population density.

5. The quality of services must be ensured through accountability and evaluation.

6. Adolescent pregnancy must be recognized as the responsibility of males, families, the public and private sectors of communities and society at large, as well as females.

7. There must be a sufficient level of services to address the need.

Dimension III - Cluster Areas of Services

In order to aid in the development of effective strategies and recommendations, the extensive service needs of pregnant, parenting and

at-risk adolescents and intervention points for preventing adolescent pregnancy were clustered into six groups. For the most part, these groups represent major service areas which cross individual agencies. Each cluster area represents a broad range of issues related to adolescent pregnancy. The six areas are: child care, health, housing, education, employment, and income support.

D. Task Force Retreat

During the spring and summer, the Task Force, primarily through the Policy Committee, continued to discuss and refine the three-dimensional matrix and began to identify objectives in each of the cluster areas. The results of the survey and various committee discussions reinforced the magnitude and complexity of the issue. Further, a mechanism was needed to allow for the effective integration of the diversity of expertise and priorities reflected among Task Force membership.

In order to facilitate the development of a clear set of recommendations acceptable to the full Task Force, a retreat was proposed. The intensive, two-day retreat was held on August 8 and 9, 1985, at Union College in Schenectady, New York. The three-dimensional matrix provided the framework for discussion, and the recommendations and strategies set forth in this report are the product of the retreat. They clarify a long-term agenda, while identifying immediate steps which can be taken within the framework of that agenda.

II. OVERVIEW OF CURRENT EFFORTS TO ADDRESS THE ISSUE OF ADOLESCENT PREGNANCY

Efforts to address adolescent pregnancy have been ongoing in New York State for a number of years. Over time, new initiatives have been developed through various legislative and administrative procedures. For the Task Force to formulate reasonable recommendations, it first had to analyze these current efforts.

The following overview of current efforts is the result of the state agency survey developed and distributed by the Task Force. The program descriptions reflect information provided by the state agencies responsible for administering the programs. The overview covers initiatives established by several state agencies, through varied funding sources, specifically targeted to at-risk, pregnant and parenting adolescents. Additionally, programs which provide appropriate and needed services to this population but which target a larger group are also included. Examples of such programs are WIC, child care and family planning.

Following are brief descriptions of those programs which either directly or indirectly address the issue of adolescent pregnancy.

PROGRAMS AND INITIATIVES SPECIFICALLY TARGETED TO ADOLESCENT PREGNANCY

A. Adolescent Pregnancy Prevention and Services Program

The Adolescent Pregnancy Prevention and Services Program (APPSP), together with the Governor's Task Force on Adolescent Pregnancy, constitute the two major components of the Governor's Initiative on Adolescent Pregnancy. The purpose of the APPSP is to develop and expand prevention programs aimed at decreasing the incidence of adolescent pregnancy, to provide for the establishment of a comprehensive and coordinated approach to prevent initial and repeated pregnancy, and to deal more effectively with the consequences associated with adolescent pregnancy. The program was created pursuant to Chapter 974 of the Laws of 1984, known as the Adolescent Pregnancy Prevention and Services Act. An initial appropriation of $5 million of state funds was allocated for this program.

The New York State Department of Social Services (DSS) has been authorized to distribute and administer all funding under this program. Chapter 974 requires that DSS do so in collaboration with all relevant state agencies, with overall coordination by the New York State Council on Children and Families (Council). Therefore, an interagency committee directs all phases of the initiative. The following agencies are represented on the committee: DSS, the Council, the Department of Health, the Division for Youth, and the State Education Department.

The primary focus of the APPSP is the development, in high-risk communities, of community service project plans. These plans provide a comprehensive coordinated array of services to meet the needs of at-risk, pregnancy and parenting adolescents. In order to provide such an array of services, projects were required to obtain the commitment and

active participation of numerous service providers and other community organizations and to engage in a thorough community planning process. The planning process is aimed at developing strategies to fill identified gaps in services and eliminate barriers to service.

In addition to the Community Service Projects, in the initial RFP, a portion of the funds was set aside to promote demonstration projects in two areas: primary prevention; and outreach, training and public awareness. The primary prevention category was developed to encourage innovative model approaches to preventing initial pregnancies. The outreach, training and public awareness category was focused on the need to increase the general public's awareness of the problem of adolescent pregnancy and parenthood and to broaden the involvement of regional and statewide services in preventive efforts.

Through the development, by the interagency team, of a Request for Proposals (RFP), not-for-profit agencies or county or municipal governments were eligible to apply for funding under one of the three funding categories. During the first funding cycle, an interagency review process resulted in the selection of 14 primary prevention projects, 8 outreach training and public awareness projects, and 16 communities which will implement community service project plans.

B. The Department of Social Services Teenage Pregnancy Program

The DSS Teenage Pregnancy Program supports a broad array of services throughout the state, aimed at preventing adolescent pregnancy and increasing self-sufficiency among pregnant, parenting and at-risk youth. The program has been funded by special annual legislative appropriations since 1978. Because these funds are clearly established as program development monies, projects receive funding for a maximum of three years, with decreasing state support each year. Historically, approximately 50 percent of the funds have been allocated to prevention programs and 50 percent to supportive services for pregnant and parenting teens.

During the current fiscal year, $1.8 million was available to community-based organizations and local social services districts through an RFP process. Funds were specifically targeted for development of self-sufficiency, primary prevention and consortia development. In addition, this year, as in previous years, DSS has provided a grant to SED to maintain the Family Life Education program. Over 90 teenage pregnancy projects have been funded to date. Forty-seven projects are receiving funding under this program during the 1985 - 86 fiscal year.

C. Teenage Services Act (TASA)

The Teenage Services Act, Chapter 975 of the Laws of 1984, provides for the establishment of a statewide system of case management services, under the auspices of local departments of social services, to pregnant, parenting and at-risk adolescents on public assistance. The law allows case management to be administered directly by social services districts or through subcontracts with other agencies. Funding is to support case management activities and identification of

service gaps and barriers to receipt of needed services. The statewide system will be based on pilot activities during the first year.

In order to facilitate the development of the statewide system, pilot activities will be accompanied by a number of activities at the state level. Primary among these activities, designed to enhance the capacity for local service coordination, is a review of all publicly funded programs and the development of a comprehensive, interagency approach to policy development and program planning for pregnant adolescents and teenage parents. These activities are to be carried out under the coordination of the Council on Children and Families.

A Request for Proposals (RFP) was developed and issued for the allocation of $1 million during year one. The RFP was directed solely at local social services districts, and provides for the piloting of different case management models in some districts with a higher than statewide average of teenagers on public assistance. Nine projects were selected for funding.

D. Family Life Program

The State Education Department's Family Life Program, conducted through the Department's Bureau of Health and Drug Education and Services, is a process-oriented program designed to assist local school districts and Boards of Cooperative Education Services (BOCES) in the development of community-specific strategies to address the issue of adolescent pregnancy in schools. The primary initial focus of technical assistance is the development of curricula for family life education classes. Through the development of guidelines and technical assistance, the Family Life Program aids communities in planning and implementing a variety of programs which address and meet the specific needs of a given community. Funding for the program is provided to the State Education Department by the Department of Social Services Teenage Pregnancy Program on a year-to-year basis. The allocation for the current fiscal year is $100,000. The State Education Department's budget for state purposes funds does not include funds for the Family Life Program.

E. Department of Health Linkage Program

The purpose of the Department of Health Linkage Program is to provide comprehensive, coordinated services to pregnant and parenting adolescents so as to enhance pregnancy outcomes, reduce the incidence of repeat pregnancies, increase the number of adolescents completing their education, and assist pregnant and parenting adolescents to obtain job skills leading to employment and self-sufficiency. Most services are provided through non-fiscal linkage agreements with existing providers in the community. Funding by the Health Department is primarily for client case management and advocacy, which is handled by an "anchor" or lead agency in each community.

The Bureau of Reproductive Health, within the Department of Health, administers the linkage program. Currently, there are 16 projects funded across New York State with a total budget of over $1.5 million. Original funding was obtained through a grant to the

Department from the federal Office of Adolescent Pregnancy Programs (Title VI) in 1980. Funds for the provision of services were contracted to five Article 28 providers selected by the Bureau. Two additional federally funded projects in the state were incorporated into the Health Department program in 1982 when categorical Title VI dollars were folded into the MCH Block Grant. In 1983, additional dollars became available through the MCH Emergency Jobs Bill, and through an RFP process, eight more projects were funded. The St. Regis Indian Reservation was added at the Department of Health's request, also in 1983, and receives state funding through the Department's annual budget.

F. DSS Maternity Shelters

The DSS maternity shelters provide residential care and supportive services to pregnant teens until shortly after delivery of their children. Such supportive services include health and nutrition education, skills in preparation for parenting, and aftercare services.

An adolescent may be placed in such facilities directly by a local social services commissioner without a Family Court determination. The length of stay varies from several weeks to several months.

Care and maintenance costs of the residential program are reimbursed by the Department of Social Services for eligible cases. The Department establishes a maximum rate for each shelter, and the local district may negotiate a rate with the facility which may not exceed the state maximum. Four of the shelters are located in New York City; the remaining four are upstate.

PROGRAMS AND INITIATIVES WHICH MAY AFFECT ADOLESCENT PREGNANCY

G. Youth Development and Delinquency Prevention Funds and Special Delinquency Prevention Program

The Division for Youth supports the planning and funding of programs for all youth through age 20. These include general recreation and youth development activities, as well as more intensive delinquency prevention and services for youth with special needs. The local assistance funds available through DFY are administered primarily by county or municipal youth bureaus.

The local planning requirements of the Division for Youth are also carried out by county and municipal youth bureaus in the form of the County Comprehensive Youth Services Plan. The requirements were enacted to stimulate the development of new programs by tying increased state reimbursement to the preparation of the Comprehensive Plan. The planning guidelines stress the need for broad-based community participation in the planning process and require programs selected for state financial assistance to be based on a comprehensive assessment of youth needs and available resources. The priorities of the Comprehensive Plan drive all funding decisions, which are made at the local level. Funding from two major sources is disbursed based on the development of the Comprehensive Youth Services Plan.

1) Youth Development and Delinquency Prevention (YDDP) funds are considered the mainstay of local recreation, youth services and youth bureau funding. Counties that develop a Comprehensive Youth Services Plan (currently all counties in the state of New York) receive an annual allocation of $5.50 per youth residing in the county. State YDDP funds must be matched by counties at a level of 50 percent. A $1 per youth per year add-on is available to counties for special youth initiatives through the Youth Initiatives Act after YDDP funds have been exhausted.

YDDP allocations for 1985 totaled approximately $42.2 million. Current YDDP funding for programs serving at-risk, pregnant, and parenting adolescents totals $3.6 million, with one-third allocated to New York City and two-thirds to upstate programs.

2) The Special Delinquency Prevention Program (SDPP) provides up to 100 percent state aid reimbursement for community-based services that are specifically designed to divert high-risk youth from problem situations and behavior. In the majority of cities across the state, SDPP funding is based on the Comprehensive Plan and distributed locally through youth bureaus. In cities with populations over 350,000 (New York City and Buffalo), SDPP funds are directly allocated by the Division for Youth to community-based organizations. A small amount of additional discretionary funds is also available for distribution directly by DFY.

Total SDPP allocations for 1985 equal $12.4 million, of which approximately $1.6 million is allocated to programs related to adolescent pregnancy. Other programs targeted for funding serve youth involved with delinquency, truancy, abuse and neglect, etc.

H. Job Training Partnership Act

The Job Training Partnership Act, implemented in October, 1983 represents a new system of providing employment and training and replaces the Comprehensive Employment and Training Act (CETA). The major difference in the administration of this money is that JTPA funds flow through the state and most CETA funds flowed directly to localities. This change is significant because it provides the Governor the opportunity to set statewide priorities for the utilization of these funds.

The vast majority of federal JTPA funds are distributed by formula to local Service Delivery Areas (SDAs) based on measures of unemployment and numbers of disadvantaged residents, and are administered by the New York State Department of Labor. The SDAs were drawn to enable job training programs to respond to labor market demand and to coordinate with related services agencies, and it is within the SDAs, through a partnership between The Private Industry Councils and local government, that JTPA programs are planned and operated.

Titles II-A and II-B within the Job Training Partnership Act target services to youth. Title II-A authorizes funding and sets requirements for training and supportive services to be provided for

economically disadvantaged youth and adults. "Economically disadvantaged" is defined to include individuals on public assistance, individuals receiving food stamps, and children in foster care. Other program participants (limited to 10 percent of the participants) may include individuals who are not economically disadvantaged but who have encountered other barriers to employment, for example: high school dropouts, teenage parents, persons with limited English proficiency, and displaced homemakers. Eligible high school dropouts and persons receiving AFDC who are able to work must be served on an equitable basis, taking into account their proportion of the eligible population in the area.

Generally, not less than 40 percent of the total Title II-A funds shall be expended on eligible youth (ages 16 through 21). Training may include on-the-job, classroom, remedial education, counseling and job development.

Title II-B includes a separate authorization for summer youth employment and training programs and includes the use of support services necessary to enable participation in the programs. Support services may include transportation, health care, needs-based payments for child care, temporary shelter, and financial counseling.

Total federal appropriations to New York State under Title II of JTPA for 1985 is $185.2 million - $125.6 million for II-A Adult and Youth Programs, and $59.6 million for II-B Summer Youth Employment and Training Programs. Seventy-eight percent of the Title II-A funds are distributed by formula directly to SDAs.

The remaining 22 percent of the funds are reserved for the Governor for special purposes. It is from these special funds that demonstration projects for at-risk, pregnant, and parenting adolescents can be most effectively structured. The 22 percent are broken down as follows: education coordination and grants (8 percent); training programs for older individuals (3 percent); incentive grants (6 percent); and state activities (5 percent). Of particular importance for the at-risk, pregnant and parenting population are the 8 percent, which are allocated to the State Education Department to focus the resources of educational institutions to train the disadvantaged and unemployed, and the 6 percent, which are allocated to programs exceeding performance standards as incentive funds to serve hard-to-serve individuals. This group includes adolescent parents. During the past year, a number of projects targeted to pregnant and parenting youth were implemented through the 6 percent funds.

I. School Health Services Demonstration Project

The School Health Services Demonstration Project is sponsored jointly by the New York State Departments of Health, Education and Social Services. Its purpose is to assist children and adolescents in gaining access to improved health care by utilizing the capability of educational institutions to provide an expanded type of school health service. This expanded service includes comprehensive physical and developmental exams, laboratory screening services, improved case management, treatment of minor problems and emergencies, and referral

and follow-up. It is authorized under Chapter 198 of the New York State Laws of 1978.

The State Education Department, through the Bureau of Health and Drug Education and Services, currently administers nine School Health Services Demonstration Projects located across the state. State funding of approximately $400,000 supports an array of on-site health services in three selected school districts in Buffalo, New York City, and Newburgh. The additional six projects, while administered by the State Education Department, currently fund their own programs with school district funds. In two of the nine projects, additional revenue is received from Title XIX (Medicaid). Services are provided by nurse practitioners, school nurses and health aides, with appropriate medical back-up through local health care facilities or physicians.

Projects under the State Education Department are selected through an RFP process and, based on the legislation, are eligible for funding for one to eight years.

The Department of Health currently allocates approximately one million dollars in state local assistance funds and $1.3 million in Maternal and Child Health Block Grant funds, to 16 Article 28 licensed health facilities which provide health services in selected schools in New York City, Buffalo and Rochester. Health facilities are selected through an RFP process and are eligible for a maximum of eight years of funding. For Medicaid eligible children and adolescents, allowable costs of general health care are reimbursed by Title XIX (Medicaid) and the Child Teen Health Plan.

Services are provided by nurse practitioners and physicians assistants in elementary and secondary schools. Besides the range of services listed previously, dental services are available in selected sites. A full range of back-up services is available at each of the Article 28 health facilities.

J. Family Planning

Family planning services are available through the Department of Health and the Department of Social Services. The Department of Health, in FY 1984-85, received approximately $3.18 million from State Legislative Appropriations, $800,000 from the federal Maternal and Child Health Block Grant, and $4.7 million through Title X of the federal Public Health Service Act to fund a broad range of family planning services in New York State. Additionally, in support of the Department's special emphasis on adolescent reproductive health, approximately $600,000 from the federal MCH Emergency Jobs Bill funds were made available in federal fiscal year 1984 to support family planning services for young women 15 to 19 years of age. For all of the above funding sources, funds are allocated by the Department of Health through grants to Article 28 licensed family planning clinics in county health departments, hospitals and other agencies operating under contract. Services provided include pregnancy testing, contraceptive services, alternatives counseling, STD and gynecological care, community health education, and a broad range of preventive health care. For 1984-85, approximately 38 percent of the total allocations

of $9.28 million - or $3.5 million - was directed toward serving over 92,000 adolescents in licensed diagnostic and treatment centers.

The Department of Social Services arranges or provides family planning services through federal Title XIX (Medicaid) and Title XX funding. Adolescents and all other persons who receive public assistance (ADC or Home Relief) are categorically eligible to receive family planning services under Medicaid. It is important to understand, however, that Medicaid eligibility extends beyond public assistance recipients and that others may, therefore, also qualify for family planning services. Federal financial participation is available at 90 percent for these services, which include transportation to and from the services. Local social services districts will help clients make arrangements for services. Physicians and other Medicaid providers are reimbursed directly by the Department of Social Services through the Medicaid Management Information Systems (MMIS).

Social services districts may provide directly or contract for medical services and related counseling to income eligible persons who are not eligible for Medicaid through Title XX funding. Local districts may also opt to provide family planning services without regard to income to persons under 21, or under 18 if part of an approved child preventive services plan. Until recent federal changes, Title XX mandated that districts provide printed material, group discussions and individual sessions to discuss family planning and educational and medical resources available in the community. New York State has elected to continue the mandate through state regulations. Local social services districts may provide Title XX services directly or through contract with local community agencies.

K. Medicaid

Medicaid is a medical assistance program for low income persons who are unable to pay for health care. The New York State Department of Social Services is the single state agency responsible for the administration of Medicaid under Title XIX of the Federal Social Security Act. At the local level, the program is administered by local social services districts.

All persons who receive ADC or HR are categorically (automatically) eligible for Medicaid. It is also possible to be eligible to receive Medicaid and not be eligible for ADC or HR.

Medicaid provides a full range of health care services to eligible persons of all ages. Among the many services covered by Medicaid which are especially pertinent to at-risk, pregnant or parenting adolescents are: the Child/Teen Health Plan; family planning and reproductive health services and supplies; and prenatal, delivery and postnatal care.

L. Child/Teen Health Plan (CTHP)

Under federal Title XIX (Medicaid) regulations, states are required to offer early and periodic screening, diagnosis and treatment to all Medicaid eligible individuals under 21 years of age to help

prevent disease and disability. In New York State, the Child/Teen Health Plan (CTHP), formerly titled the Child Health Assurance Program (CHAP), is the mechanism for complying with the Medicaid regulations. The change was made in recognition of the importance of these services for the adolescent population, including pregnant adolescents. The program is administered by local social services districts, with participating physicians and health clinics reimbursed directly by the Department of Social Services through the Medicaid Management Information Systems (MMIS).

M. Income Maintenance

Both Aid to Families with Dependent Children (ADC) and Home Relief (HR) provide grants to eligible individuals or families which can be used to supply basic needs, fuel and shelter. ADC and HR are frequently referred to jointly as public assistance (PA).

Financial eligibility for ADC or HR for a family of one (including pregnant teens) requires that monthly income be below $266.10 and the value of resources below $1000.

Aid to Families with Dependent Children - (ADC)

This program provides financial assistance to families with dependent children when such children have been deprived of parental support because of the continued absence, death, or physical or mental incapacity of a parent, or the unemployment of the principal wage earner. The ADC program is funded 50 percent by the federal government, 25 percent by the State, and 25 percent by the county government or the City of New York. It is administered by the local social services district.

Home Relief - (HR)

Home Relief is a 50 percent state and 50 percent locally funded income maintenance program designed to expand availability of cash assistance to persons not eligible for Aid to Families with Dependent Children (ADC). In contrast to ADC, households of one and households without dependent children are eligible under the HR program.

A pregnant woman applying for public assistance who has not reached the sixth month of pregnancy and has no other children can, if she is eligible based on income standards, receive Home Relief. The HR grant will be increased by $50 per month beginning with the fourth month of a medically verified pregnancy. Beginning with the sixth month of the pregnancy, the case will be evaluated for ADC eligibility based on the existence of a deprivation factor. The $50 additional allowance will continue through the end of the pregnancy for women receiving ADC or Home Relief.

N. Prenatal Care/Nutrition Services Program (PCNP)

In 1984, the Department of Health began implementation of a new program to provide high quality prenatal care and nutrition services to low income women ineligible for Medicaid and without other forms of

health insurance. Education and outreach activities are a major feature of the program.

Medical care facilities certified through Article 28 or Article 44 of the Public Health Law for the provision of ambulatory prenatal care services are eligible for funding under this program. Funds are distributed through an RFP process, and the Department employs a performance budget whereby providers receive payment based on the number and type of services rendered to eligible women.

Currently, state funding for the PCNP is in the amount of $7.5 million. Prenatal care and nutrition services through this program are provided at 60 sites across the state through 45 contracts with providers and consortia.

O. Unmarried Parents Services

The DSS Unmarried Parents Services program is designed to provide or arrange for supportive health and social services for an unmarried mother and a child born or to be born out-of-wedlock. Services include arranging for: pre- and postnatal care for the mother; care for the child in an approved foster family home, group home, institution or independent living arrangement; legal and other services if required; and the establishment of paternity and support. If possible, the putative father and the grandparents are involved.

In addition to the above, services for unmarried parents under the age of 21 may also include: individual, couple and group counseling; social and educational group services; parenting training; and educational or employment services.

Unmarried Parents Services are mandated to be provided by all local social services districts for public assistance and SSI recipients, MA-only recipients and other income eligible individuals. Services are either provided directly by the local district or are purchased from local agencies.

The annual total of federal, state and local allocations for Unmarried Parents Services is slightly over $3 million, the greatest percentage of which represents costs incurred directly by the local districts. Approximately half of the total is expended on services to adolescents.

P. WIC Program

The Special Supplemental Food Program for Women, Infants and Children (WIC) is designed to provide both supplemental, nutritious food and health care to pregnant women, infants and young children in order to prevent the occurrence of physical and mental health problems. The Federal Department of Agriculture makes grants to state health departments, which administer the WIC Program through various public and not-for-profit providers. For FY 1984, the spending authorization level for New York State was $129 million.

Infants, children, and pregnant and nursing women are eligible for the WIC program if they are determined to be at nutritional risk because of both inadequate income and dietary needs. Any family whose income does not exceed 185 percent of the poverty level is eligible, as are all families receiving public assistance. Pregnant adolescents are the highest priority population for WIC services.

Q. Child Care

Child care services and funding are provided by the Department of Social Services under the Social Services Block Grant and through a new state legislative appropriation for day care. Services include assessing the need for, arranging for, providing, supervising, monitoring and evaluating the provision of care for children ages 6 weeks to 14 years in licensed day care centers and licensed or certified family day care homes.

The availability of day care services is mandated for all employed ADC individuals, those enrolled in an approved vocational program, and youth seeking to return to high school where it is deemed that the youth is likely to graduate. Additional criteria are applied to determine if other resources for child care exist. Day care services are available in some districts to working parents on a sliding fee scale based on income. Where the individual service plan of a mandated prevention or protective case indicates a need for day care, such services are also mandated.

The 1985-86 state budget included an expanded commitment to day care through an appropriation of $6.125 million which provides 87 1/2 percent state reimbursement to local social services districts. The appropriation allows for an expansion of day care slots for low income individuals not in receipt of public assistance whose income does not exceed 125 percent of the poverty level. In addition, the Department of Social Services has funded several special demonstration projects throughout the State targeted for PA recipients and those who have recently lost their public assistance, to ensure that they have the opportunity for employment. While the funding for these special demonstration projects has ended, efforts have been made to assist local districts in identifying appropriate long-term funding strategies.

Title IV-C provides funding for child care in conjunction with job training and placement services to ADC recipients participating in the Work Incentive Program (WIN). In some social services districts, WIN funds are used for special employment programs targeted to pregnant adolescents and young mothers. Also, limited additional dollars are available from JTPA Title II funding through "needs-based payments" for child care as a reasonable expense for support services to enable participation in job training programs.

R. Maternity and Early Childhood Foundation

The Maternity and Early Childhood Foundation is a private, non-profit organization supported by funds through the Department of Health. The Foundation's purpose is to fund programs which provide

pre- and postnatal care services to unwed pregnant women, parents, their children and their families. Funds are utilized to assist the target population with social, psychological, educational, health and other needs both during and after pregnancy. Pregnant adolescents and adolescent parents are a significant portion of the population receiving services through this funding source.

A total of $975,000 is currently allocated to the Foundation through legislative appropriation. An RFP process is used to select grantees, who receive funding for a one-year period. A total of 42 agencies across the state presently receive funding through the Foundation.

S. Infant Health Assessment Program (IHAP)

The purpose of the Infant Health Assessment Program is to ensure that infants and young children at high risk for physical and developmental disabilities receive the screening, diagnosis and follow-up treatment services needed to prevent or ameliorate disabling conditions. The children of adolescent parents are specifically targeted for services within IHAP.

The program is operational in all upstate counties in the state through county public health units. During fiscal year 1985, an average of 600 high-risk newborns in upstate New York were registered monthly for subsequent home visits, developmental assessments and follow-up by public health nursing staff. The pilot phase of the program in New York City will be finalized during fiscal year 1986 through the City Department of Health. A total of $1 million is currently allocated to IHAP.

III: GAPS AND BARRIERS TO ADDRESSING ADOLESCENT PREGNANCY

While there exists a strong commitment to alleviating the problems of adolescent pregnancy at both the state and local levels and while significant efforts have occurred over the past several years, the ability of community groups, service providers and others to respond effectively is often impeded by gaps and barriers in the current service system. These gaps and barriers are found not only at the state level but also at the federal and local levels and in the perceptions of individuals and communities. Solutions must be sought, therefore, in a multitude of places. It is important to note that many of these gaps and barriers, while common across communities, may not be universal. Individual programs or communities may experience various gaps and barriers to differing degrees or not at all. Many communities have expended enormous efforts and resources overcoming these barriers, and it is their success that underscores the importance and the viability of developing solutions to these impediments to services. The following describes the major gaps and barriers to the provision of adequate and appropriate services.

A. Insufficient Emphasis on Youth and Family Development

Within the constraints of limited resources, human service systems tend to serve those most in need (i.e., those in states of crisis or those least able to cope). As a result, efforts to prevent a variety of youth-related problems have often been diverted by a crisis orientation to service delivery. This delayed approach to services has hindered efforts to develop a systematic network of supports and services which promote positive youth and family development.

Some of the basic premises of a preventive approach make it difficult to foster support or convince funders of the long-term fiscal benefits of investing in prevention. One of the issues is the extended period of time between when an effective prevention strategy should be applied and when the problems would have emerged if not prevented. Another problem in developing support for prevention is that while it is possible to assess a young person to be at-risk, it is often not possible to predict exactly what problems he/she will manifest. Therefore, it is difficult to project system specific cost-benefits of a preventive approach, as the agency which might most appropriately administer the prevention strategy may not be the agency to realize the ultimate savings in reduced remedial care.

Within New York State, there is an increasing number of children who live in poverty. Hunger, homelessness and illiteracy are common conditions among many of these children which severely limit their chances to develop into self-sufficient, healthy adults. The severity of these problems highlights the limited effectiveness of previous "crisis-oriented" approaches and points to the necessity of developing prevention oriented strategies based on supporting families and communities.

A youth and family development approach encompasses a broad array of

activities, including stimulating family support networks, ensuring the provision of adequate nutrition and a full range of health care, and improving the availability of day care, educational and vocational services, employment opportunities and parenting education. It is based on the need to strengthen the capacity of communities and their basic institutions such as the education system, local government, the medical community, and churches and other religious institutions to respond to the needs of all children and families.

For many of the communities in greatest need, this is a complex process. Often these are not strongly organized communities, and many of their basic institutions exist in, yet apart from, the community itself. These medical, educational, and governmental units are often not culturally relevant or sensitive to the people who make up the community and are often branches of large, distant bureaucracies. Therefore, the community itself must be assisted in organizing its strengths in order to reorient these institutions to better serve the population.

The ultimate goal of youth and family development is to provide young people with the education, skills, opportunities, and services they need to develop into capable, responsible adults, regardless of gender, race, ethnicity or socio-economic status. Further, a youth and family development approach should increase the motivation of adolescents to seek opportunities and resources and develop the specific problem solving skills which will improve their ability to use services wisely where they are needed. The strategies employed must include a wide range of advocacy, empowerment and organizational efforts geared at the family and the community, as well as services to the individual.

An examination of funding for programs and services specifically targeted to adolescent pregnancy also reveals a crisis orientation. While a pregnancy will usually trigger an array of needed services, there is often a lack of services for those who are not yet pregnant. For many youth in New York State, poor nutrition and inadequate basic health care are a way of life. For some, the only health care they receive is through an emergency room of a hospital. In addition, many youth never receive the education and skills they need to become self-sufficient because needed support services and special programming to keep them in school are not available. Even if they do complete school, limited job training programs and employment opportunities often restrict adolescents to low-paying, dead-end jobs. And with inadequate day care and support services, parenting adolescents are even less likely then their nonparenting peers to be able to access those opportunities which are available.

B. Inadequate Coordination

The complexity of the issues related to the high rates of adolescent pregnancy and the diverse needs of adolescents who are pregnant, parenting, and at high risk demands a comprehensive approach. A service approach for pregnant and parenting adolescents must incorporate health, education, employment, social support and various other services. Further, an adequate community strategy is also strongly rooted in basic prevention which requires an additional array of services. Therefore, to ensure an effective approach, it is important to involve cooperatively many service delivery systems. This is difficult because relevant service delivery systems

operate independently and in response to different mandates.

Too often, the absence of state level coordination leads to fragmentation of service delivery at the local level. Although a number of state agencies may articulate priorities around the same issue, such as adolescent pregnancy, the activities of each are often unconnected. Resulting programs on the local level are fragmented, sometimes overlapping and do not come together in an integrated way.

All of the services required to address adequately the causes and consequences of adolescent pregnancy cannot be provided by a single agency, but it is essential that they be available within a community. Although each community is different and must respond to its unique needs, in fact, many needed services are currently available within most communities. However, existing coordination mechanisms fail to establish connections among local service systems, resulting in limited accessibility and diminished systemwide impact. A prime example is that pregnant adolescents are often lost to the system after the birth of their children because prenatal and pediatric services are not sufficiently coordinated.

Over the past ten years, formal planning has been integrated into the responsibilities of almost all human services systems as a mechanism for developing cost-effective services. However, like the service systems themselves, the planning processes are not coordinated. While cross-system planning requirements exist in some planning guidelines, in particular those of DFY and DSS, counties have had limited success in integrating various plans due to inconsistent state emphasis and support for such cross-agency planning.

Many communities are seeking to remedy the lack of coordination among service providers through coalition and consortia development. Consortia development has suffered from a lack of consistent funding. The competition for limited service dollars has kept coalition building from emerging as a funding priority. However, the complex needs of the population and the need to ensure cost-effective linkages dictate the necessity of supporting consortia development. Another historic limitation of consortia development has been its primary emphasis on service providers. Future consortia development must include the involvement of a broader cross-section of the community and the private sector if it is to be effective in addressing the multiple needs of youth and families and in ensuring total community commitment to a comprehensive, coordinated approach.

The lack of coordination creates an additional problem: an inability to identify gaps in services. While populations such as pregnant, parenting and at-risk adolescents have multiple needs that cross agency jurisdictions, planning is typically system-specific. Therefore, the failure of a particular system to identify this issue as a priority may result in a failure to assess how the services related to that plan can be integrated into a community's approach to adolescent pregnancy. Similarly, data collection concerning service levels and other information necessary for shaping a service strategy is routinely maintained according to specific funding stream requirements. As a result, it is often difficult to construct a complete picture of service needs due to the incompatibility of collected data.

C. Inaccessibility of Existing Services

Regardless of the degree to which services are available to youth, if they are not accessible they will not be utilized. The barriers which prevent adolescents from seeking and receiving services they need are numerous. Some are based on the developmental stage in which adolescents find themselves. Because they are not sophisticated and knowledgeable, youth often are unable to negotiate successfully the bureaucracies of human service agencies. Complicated eligibility requirements and lengthy processing of applications for services confuse, frustrate, and intimidate the young. They give up rather than face the red tape which is involved. In addition, some teens are unaware of what they need, and most teens lack the knowledge of what services are available to them and how to find those services.

Even when adolescents are aware of the services they need, barriers exist which prevent them from utilizing those services. Geographic location and cost often present barriers to youth, who have neither transportation to get to services nor an adequate income to pay for them. An actual lack or a perceived lack of confidentiality is another major barrier. Adolescents often fail to seek services because they fear their confidentiality will be violated. Further, services are often not structured in a way that attracts and maintains the adolescent client. Young people often do not have a voice in program design. Because of the sensitive nature of some issues surrounding services for adolescents, community leaders and adults are often hesitant to advocate for access for youth on their behalf. Consequently, some communities do not support services whose contents and structures appeal to adolescents.

Service strategies are not always congruent with prevailing community attitudes and values. In addition, a lack of knowledge and sensitivity on the part of some service providers and the system in general to language barriers and cultural issues lead many adolescents to question the degree to which the system wants to serve them. The difficulty of seeking services from adults who do not understand their background and language prevents many youth from receiving the services they need. The frequent lack of involvement of community-based organizations in the design and delivery of services exacerbates this problem.

An additional component of the problem of access is the lack of outreach efforts on the part of service providers. Aggressive outreach efforts, which could increase adolescents' knowledge of what services exist, and provide a link between providers and those they seek to serve, are seldom routine components of service provision. The outreach services that do exist are sporadic and often dependent upon special funding due to limitations imposed either by inadequate funding levels or restrictions on the use of ongoing program funds.

D. Limited Academic Proficiencies Of Many Youth Leaving The Educational System

The school, perhaps more than any other institution besides the family, has a profound impact on youth development. Children and adolescents spend more time in school than anywhere else and what they learn and the services they receive shape their lives. As society and family structures have changed, a debate on the appropriate role of the schools has developed. There are those who believe that schools are only responsible for educating children; others believe that schools must provide more, based on the inability of other institutions in society to meet the needs of youth.

Regardless of the ongoing debate, the inability of the educational system to teach and retain large groups of students must be addressed. Many adolescents graduating from high school lack not only the basic skills but also the tools they need to obtain employment and become self-sufficient members of society. Additionally, an unacceptably high number of adolescents in New York State drop out of school before graduation. For these youth, school is viewed as dispensable and irrelevant to their futures. In communities with high unemployment, many youth fail to make the connection between obtaining a job and receiving an education. Further, because many families lack the resources to become involved in the demands of school on their children, the necessary social supports to remain in school and learn needed skills are often missing.

E. Insufficient Integration of Schools and Supportive Services

Many adolescents fail to learn within the school system or dropout altogether because their special, nonacademic needs are not being met. Special programming and necessary support services which could assist adolescents to remain in school are often not available. For pregnant and parenting adolescents, in particular, the lack of such services to meet their needs effectively precludes completion of their education.

There is a perceived lack of resources and support on the part of schools to address the special needs of youth. At the same time, however, schools are generally reluctant to allow community agencies to provide support services to student at school sites or to make direct referrals to such agencies. While strong, cooperative relationships between schools and community-based services providers could successfully link both parents and students to needed services, such relationships are just beginning to be developed in some districts.

F. Lack of Mandated Family Life Education

While most parents recognize the importance of providing sexuality and family life education to their children, they often lack the knowledge and resources to address these complex issues alone. The majority of school districts do not have programs and resources available to assist parents with this task.

Family life education in the schools is a useful tool as an adjunct and support to parents in assisting adolescents toward responsible adulthood.

It can provide the knowledge and skills young people need to develop healthy values and make sound decisions. Currently, however, family life education is not routinely provided to all students in New York State. No funding is appropriated within the State Education Department budget to support either the provision of technical assistance to school districts to develop such programs or the actual implementation of family life education in the schools. Therefore, the State Education Department's efforts in the area are limited to the provision of technical assistance which they can provide through a small grant from the Department of Social Services. Consequently, without a strong state commitment to implementing family life education in local schools, such education is left to peers and the media.

G. Inadequate Health Care Strategies

Whether adolescents seek basic health care, family planning services or prenatal care, they face serious barriers and gaps to services. Real or perceived lack of confidentiality and requirements of parental consent prior to the receipt of services lead to delayed services and often no services at all for this population. This is especially true for reproductive health care. The problem is further exacerbated by the continuing public controversy over whether such care should be provided to adolescents on a confidential basis.

Health services are often seen by adolescents as "unapproachable". Costs appear prohibitive for youth with no regular income. The location of services and their hours of operation are typically not convenient, especially for those in school, and, frequently, a lack of sensitivity on the part of service providers to the unique needs and issues of adolescents compounds the problem. Services are not always provided within the ethnic and cultural context of the population targeted for services and, therefore, are not seen as familiar and comfortable for minority youth.

In addition to the above barriers, gaps in service also exist. Although the methodology to determine unmet need is imprecise, there is general agreement that many adolescents in need of services, especially reproductive health care, do not receive them because funding levels are not adequate to meet the need. This need includes not only medical services but education on general health, sexuality and related issues and programs for adolescent males. Such education and programming is essential to assist youth in making responsible decisions about sexuality and childbearing.

A further gap is related to payment for services. For the most part, health insurance policies in New York State are illness oriented and provide coverage for illness-related services rendered in physicians' offices or hospitals. Seldom is preventive care covered. There is a need, therefore, to examine the current system to determine site and provider limitations and to review the existing emphasis for coverage.

In addition, Medicaid eligibility standards often prevent those in need of health care from receiving services. The working poor, in particular, are often caught in the middle, unable to seek services because of lack of private coverage and ineligibility for Medicaid.

H. Lack of Adequate and Appropriate Child Care

For adolescent parents, the inability to obtain adequate child care is a significant barrier to employment, training and return to school. For the teen mother, return to school requires access to infant child care; however, the availability of slots for such care is insufficient. Funding for child care in general is inadequate in almost all communities. Regulations surrounding many funding streams require a specific problem such as risk of residential placement or risk of abuse or neglect. Needs-based payments through the Job Training Partnership Act are usually too low to cover child care costs. Those dollars available through the Income Maintenance system are subject to caseworker discretion and confusing regulations.

One of the most promising funding sources through the income maintenance system is IV-a of the Social Security Act, which is currently being examined as a source for child care funds for ADC mothers involved in employment training and education. At present, a number of barriers are apparent. For the student seeking to return to high school, IV-a funds are available to age 21 and where the caseworker's judgment is that the youth would be likely to complete high school. Further, the current regulations do not recognize GED or prevocational and job-readiness programs as an appropriate program for IV-a funded child care. The determination of eligibility of any specific educational or employment program is at the discretion of the individual caseworker, resulting in disparate decisions across workers and districts. Most caseworkers have overly large caseloads and often do not have adequate knowledge of the intent of various laws and regulations. Further, they may not be aware of the types of local employment and training programs which allow eligibility for child care under this and other programs. Most often this reflects insufficient training of caseworkers who, while intent on making the best possible judgment, may not be prepared to make adequate determinations. Finally, IV-a funds can only be used by those on ADC and are not available to those on Home Relief.

The location of child care is often another significant barrier for the young parent who must rely on public transportation both to get her child to care and then to get herself to school, job or training. On-site care, particularly at schools, is largely unavailable. Even when such care is available at schools, infants, as a rule, are not allowed to be transported on school buses.

I. Insufficient Supports for Developing Appropriate Living Arrangements

Frequently, living with her immediate family may be the best solution for a pregnant teen or teen mother. However, the lack of adequate support systems for an often already overburdened family is often exacerbated by the stress of the addition of the new infant. Sorting through her new role as parent simultaneous with struggling through typical adolescent/parent tensions is an overwhelming balance for many youth to maintain. Additionally, the role confusion is compounded if grandmother and mother compete in attending to the infant's needs. Programs which address these problem areas and provide support for all family members are not routinely available.

However, for many other youth, remaining home is not a viable option. Statewide, the lack of appropriate housing has emerged as a major problem facing pregnant and parenting adolescents. Housing options are extremely limited and, too often, the choices available are far from ideal. For many people seeking to establish an independent lifestyle, adequate, affordable housing is typically unavailable. Vacancy rates are so low - just over two percent in New York City - that finding housing is a major task even for those with sufficient incomes.

Many pregnant and parenting teens are ejected from home upon the discovery of their pregnancies, while other teens become pregnant once homeless. These youth, if lucky, live in a series of temporary living arrangements. Homeless pregnant and parenting adolescents present unique problems to a homeless shelter system which has difficulty meeting the needs of the general homeless population. Welfare hotels and crisis shelters often do not have the appropriate cooking, refrigeration and sanitary conditions for a pregnant woman or a young mother and her infant.

For many teen parents, their housing needs do not stop at simply an apartment. Their lack of sophistication in their role as a parent, combined with their lack of basic independent living skills, makes living alone with their children an overwhelming task. More often then not, such attempts at independent living are doomed to failure. These youth require ongoing support, sometimes from professionals, sometimes from peers. These support networks should be integrated into alternative and supportive housing models.

A general lack of funding has inhibited the development of innovative models. The regulations surrounding foster care, such as prevention service requirements and attempts to have youth out of care as quickly as possible, though essential for safeguarding the broader foster care population, make foster care funds of little use in structuring housing models for pregnant and parenting teens. Existing regulations, particularly in the Income Maintenance system, have created barriers to the development of such models as shared housing, as this often confuses or jeopardizes ADC budgets.

J. Inadequate Training and Employment Opportunities

The failure to acquire adequate training and work experience while young can dramatically affect long-term, economic self-sufficiency. The importance of vocational training and work experience cannot be overemphasized from either the perspective of prevention of adolescent pregnancy or from that of assisting pregnant and parenting adolescents. Yet, current employment and training programs have resulted in limited effectiveness for pregnant, parenting and at-risk youth.

Additionally, many youth do not have the opportunity to explore a variety of employment options and examine them in relation to their interests and abilities. This lack of career awareness often prevents young people from fully utilizing their talents and striving for a satisfying and personally appropriate occupation. The lack of career goals contributes to the continuation of a cycle of underemployment, acceptance of sex-stereotyped positions, and a sense of resignation about the future.

JTPA, the major vehicle for employment training, presents a number of barriers for the entire at-risk population. Primary among these barriers are the performance standards set forth by the federal program. Performance standards reflecting, primarily, rates of placement into unsubsidized employment and continued employment 30 days after placement may prove to be disincentives to serving high-risk youth. For pregnant and parenting youth, these standards are serious barriers to employment programs. However, it is no less of a problem for those at greatest risk of pregnancy and parenting, who are likely to require extensive assistance and remedial services prior to successful employment.

Within JTPA, a negative termination is used to mean the withdrawal from training without achieving one of a discrete set of acceptable outcomes. The percentage of positive versus negative terminations for a program affects subsequent funding levels. A young woman who must withdraw from training due to childbirth is considered a negative termination. This represents a disincentive to training programs from targeting services for pregnant teens. This gap in available models and, therefore, continuity of training, often increases the difficulty of reengaging the mother after the birth of her child.

The inability to arrange child care is frequently cited as the cause of young parents dropping out of employment training. Either child care is not readily available or child care arrangements are unstable and fall apart. Linkages between the employment training system and support services such as child care are often insufficient for the special needs of hard-to-serve youth.

A number of broader concerns about current vocational strategies must also be noted. While the overall role of the education system is discussed elsewhere, the perceived lack of a relationship between employment programs and the school system is a serious problem. The mutually exclusive nature of academic preparation and job skill training leads to many young people seeing little reason to remain in school. Youth too often end up in dead-end jobs (requiring only job-specific training) because they leave school without the academic skills to enter most careers.

K. Inadequate Supports for Independent Living

Many young people reach adulthood with insufficient skills for independent living. The assumption that somehow the ability to live on one's own simply emerges or is fostered by observing those around you does not apply to many of the youth at greatest risk of pregnancy and parenting. Available role models are often inadequate, and formal curricula for preparing youth for independent living are rarely found in educational settings or in residential placements where youth are at extremely high risk of long-term dependency.

The birth of a child often means dependence on public assistance for the teenage parent. The current income maintenance system is of limited effectiveness in actively assisting recipients towards independent living, establishing instead a cycle of dependence. Among the disincentives is the lack of transitional supports for public assistance recipients attempting to maintain stable employment. For many, the loss of adequate health services,

child care and other supports immediately upon employment undermines the success of job placements.

L. Inappropriate Messages Promoted by the Media

The media in our society can substantially influence the lives of children and adolescents. Through movies, radio, television, magazines, and to a lesser degree, newspapers, young people are given messages about how to dress and act and what to believe and value. And because a significant portion of this population possesses a certain degree of economic power, they are increasingly a prime focus of much of the media's attention, often with little regard for their well-being.

What is conveyed through the media is, in fact, often detrimental to youth. Sex stereotyping is common. Women are portrayed as having limited options in society other than marriage and motherhood, while men are conveyed as aggressive, dominant and with suppressed emotions. Women are seldom shown as leading self-sufficient, fulfilling lives, and only recently does one occasionally see women in traditionally male occupations. Equally damaging is the lack of role models for males as nurturers or as partners comfortable with women as equals. In addition, sexual messages are pervasive in the media. The record industry, in particular, bombards the young with sexually explicit lyrics which encourage them to "do what feels good". Sex is glorified and responsibility is ignored.

Because the media touches virtually all children and youth, it has a great potential to educate and inform. To date, however, agencies and groups which are concerned about adolescent sexuality and pregnancy have not been able to use the media effectively to provide information and advertise services which could help adolescents develop into responsible adults. To a large extent, this is due to the media's reluctance to deal with such issues as contraception and sexual values because of their perceived controversial nature. Additionally, the media has failed in the past to reach out to families and provide them with information and resources to support their children's healthy development. Therefore, the media perpetuates the current sexual messages and fails to aid youth in some of their most important developmental tasks.

IV: RECOMMENDATIONS AND IMPLEMENTATION STEPS

Introduction

The recommendations that follow are proposed as an initial set of strategies for improving state and local efforts to address the problem of adolescent pregnancy in New York State. They are interim results of the ongoing deliberations of the Task Force initiated over the past two years. While these recommendations are important steps towards realizing the goals, objectives and strategies which were established in six service areas during the Task Force retreat, they must be viewed as part of a task that is still in process. They will require the ongoing cooperation of a number of state agencies, the Governor's Office, and the Legislature. In a number of instances, the immediate need is for a greater clarification of issues. Many of these recommendations, in fact, focus on the need for the Task Force to forge subsequent steps in the development of a comprehensive strategy for New York State. Therefore, the future agenda for the Task Force, outlined in Section V, reflects the issues and goals established in the following recommendations. Given the breadth of problems surrounding adolescent pregnancy and the fragmented systems serving at-risk, pregnant, and parenting adolescents, a general framework is essential to the development of policy. The foundation for the recommendations included in this report was outlined in the first report, Setting Directions. The following two major concepts form that framework.

Youth and Family Development

It is the Task Force's belief that a new emphasis must be placed on preventing adolescent pregnancy and that an effective prevention strategy must be anchored in a systematic network of supports and services which promote positive youth and family development. Such an approach will affect the total environment in which children live and grow and will enhance youth competencies, foster healthy socio-emotional development of the individual and bolster families' abilities to raise their children.

It is the contention of the Task Force that a fundamental commitment to youth and family development will significantly reduce the incidence of, and problems associated with, adolescent pregnancy. Youth must be given hope for the future and realizable options and opportunities if they are not to become parents by default. This entails providing young people with the education, skills, opportunities, and services they need to develop into capable, responsible adults. Such options and opportunities should be available regardless of a young person's gender, race, ethnicity, or socio-economic status. Further, accurate and timely information and access to basic health care, family life education that is integrated throughout all academic grade levels, and accessible and affordable family planning services must be considered in the development of a community's prevention strategy.

The existing research and literature suggest a strong correlation between a reduced risk of adolescent pregnancy and such variables as educational attainment, productive and gainful employment, rewarding

participation in cultural, recreational, and vocational pursuits, creation and maintenance of stable and nurturing home environments, and responsible and fruitful involvement in families and communities. Such findings provide a strong justification for promoting youth and family development. Additionally, such an approach is cost-effective in that it emphasizes prevention and ultimately reduces the need for costly, crisis-oriented services.

A Comprehensive, Coordinated Approach to Services for At-Risk, Pregnant And Parenting Youth

The refocusing of New York State's efforts toward youth and family development would have obvious ramifications for the present delivery system, which is primarily oriented toward serving those who are experiencing problems. Shifting the emphasis in programming from a system oriented to services for at-risk, pregnant and parenting youth to a prevention-oriented system would have long-term effects, but also delayed results. Therefore, it is essential to reaffirm the Task Force realization that there will continue to be a need for services for pregnant and parenting adolescents, as well as those at high risk of pregnancy or parenting. The goal, in this and any responsible refocusing effort, must be to develop an appropriately balanced system of services.

Even though the current service system emphasizes services for at-risk, pregnant, and parenting adolescents, there are insufficient resources to meet the need. New York State must, therefore, seek to increase the effectiveness and ensure the accessibility of services to those who are at risk, pregnant and parenting, even as steps are taken to diminish the need for them. Such efforts include investigating methods to improve coordination, encouraging case management and client advocacy, ensuring that services are culturally relevant, reducing barriers to service use, and evaluating model programs. Additionally, strategies need to be developed to increase community involvement in addressing services for the target population.

The Task Force recognizes that these directions represent a significant refocusing of resources and policies. All specific recommendations and implementation steps must be viewed as incremental stages towards meeting the standards set forth by these two basic themes.

RECOMMENDATION I: THE STATE EDUCATION DEPARTMENT, IN CONJUNCTION WITH OTHER STATE AGENCIES, SHOULD ENHANCE THE ROLE OF THE EDUCATIONAL SYSTEM

In a complex and sophisticated society, adolescents have an increased need for educational services to prepare them to assume the responsibilities of adulthood. For many adolescents, however, these needs are not being met by the educational system. An alarming number of adolescents never complete high school and many who do are not adequately prepared to assume the responsibilities of adulthood. There is a need, therefore, to ensure that the educational system provides all children with a relevant education in a caring, nurturing setting. Such a setting should encourage them to fully explore their interests and potential, while ensuring that basic skills are

learned and solid preparation for employment and independent living are provided. Additionally, educational programs should promote a broader range of skill development related to social responsibility, values and decision making.

The recently released Regents' Action Plan recognizes the need to ensure that students acquire the necessary academic and vocational skills to allow them to become self-sufficient. This is a crucial step, which must be encouraged and supported in the years ahead. However, the implementation of this plan must equally stress the academic achievement of youth who face various barriers to taking advantage of educational resources. There are many who fear that the emphasis on academic achievement alone will cause an even greater exodus from the schools of youth requiring supportive services.

Meeting the educational needs of youth without addressing their social and physical needs is insufficient. There is a need, therefore, to complement basic educational services with a variety of support services. That is, many youth experience health, family or mental health problems which impede their ability to learn. While schools may be able to compensate for some problems, in general, they require the assistance and support of other child and family services in the community. Historically, however, there has been a separation between the schools and the human services system. These two systems must be joined to ensure a holistic approach and to take advantage of the school's position as the first point of contact for children.

IMPLEMENTATION STEPS

A. The Education Law should be amended to mandate the implementation of family life programming in all public schools.

Issues of adolescent sexuality and pregnancy are pervasive throughout all communities within the state. Virtually all school districts are faced with sexually active, pregnant and parenting adolescents in their schools. Yet, there is no statewide educational mandate around family life programming, family life education is not routinely provided in schools, and local school districts are often not provided adequate support to implement such education for their students.

The Family Life Program within the State Education Department provides technical assistance and guidance to school districts in implementing community-based programming around family life education, but because of a small budget and insufficient number of staff, it cannot meet the demand. In addition, districts which do not wish to address the issue are under no obligation to do so.

Because the need is great, however, to assist adolescents to develop into healthy and responsible sexual adults and to aid parenting adolescents in completing their education, the state Education Law should be amended to mandate that all school districts implement family life programming in their schools. Such a mandate should be linked to the existing SED Family Life Program process, which would assure an acceptable approach in each community sensitive to its unique values and service needs. Sufficient funding should be appropriated to support a regionalized technical assistance and resource structure. In addition, it is recognized that the need for ongoing funding

to schools to support additional staff and educational materials associated with the implementation of family life education must also be explored.

B. The capacity of schools to ensure coordinated services to students should be increased.

Youth have multiple needs--social, educational, and physical--all of which must be met if they are to develop into healthy, productive, and responsible adults. While services may exist to meet these needs, many adolescents experience difficulty in accessing them. Schools are the most consistent point of contact for young people and families. Therefore, they should serve as an initial access point for youth to be linked with a variety of needed support services. Schools should be encouraged to develop relationships with community-based service providers which could lead to the provision of coordinated services.

As a starting point, efforts should be initiated to target at-risk students. Students may be at risk of school drop-out or failure due to pregnancy or parenting, or any other of a broad range of problems such as abuse, neglect, drug abuse, or family dissolution. Incentives should be provided to schools to develop the necessary linkages and service programs to meet the broader needs of these students so that they will remain in school, and thus ensure that their educational needs are met.

Current efforts by the State Education Department and the Board of Regents to develop an At-Risk Students Program, with related changes in the state aid formula to local schools to provide a source of funding, should be examined. The Governor and Legislature should give such a proposal full consideration to the extent that it provides real opportunities for serving at-risk youth and strongly encourage the involvement of community-based services in this effort.

C. The number of school-based clinics providing a full range of health services, including reproductive health care, should be increased.

A crucial component of a youth and family development strategy is the provision of basic health care and nutrition services. These services should be available to all youth and should be accessible, affordable and relevant to their particular needs.

As described previously in this report, the Departments of Education, Health and Social Services jointly sponsor the School Health Services Demonstration Project to assist children and adolescents in gaining access to appropriate health services. Services include screening and referral, comprehensive physical exams, management of minor problems, and follow-up; they are provided on-site in selected schools across the state. At the present time, however, only a small percentage of New York State schools provide such a program for their students.

Although not traditionally used for health care, schools are a logical site for the provision of health services to youth. The school setting affords access to the entire school-age population. It is continually available to youth during most of the year and is an approachable, familiar place. In addition, the increasing number of working mothers and single-

parent families has resulted in increased difficulty in obtaining health services during physicians' normal office hours.

According to reports issued by the Robert Wood Johnson Foundation and the Center for Population Options, evaluations of school-based clinics indicate that improved health care does result from such programs, even for those youth who have a private physician. The proportion of fully immunized students increases and a significant number of previously unknown health problems are detected, many of which would be serious without detection and treatment. And, where school-based clinics in high schools include reproductive health care in their services, fertility rates drop and the dropout rates among adolescent mothers decrease. In addition, children are sent home from school less frequently for health reasons, so absences from school (and absences from work for parents as a result) decrease.

Given the effectiveness of such programs, there is a need, therefore, to increase the number of school-based clinics in New York State. SED and DOH should jointly identify high-risk communities for additional clinic development and work with DOB to develop recommendations and strategies for funding.

For the high school population, particular attention must be paid within school-based health clinics to addressing the sociomedical problems of adolescence--reproductive health care, prenatal care, drug and alcohol abuse, growth disorders, etc.

D. The availability of school-based child care services should be increased.

Lack of affordable, accessible child care is one of the major barriers for adolescent parents to remaining in or returning to school to complete their education. Extended family members are no longer a common source of child care and what little child care is available in most communities is too costly, geographically inaccessible, and frequently does not serve infants.

To ensure that adolescent parents can complete their secondary education, child care services (including infant care) should be made available at school sites. On-site child care would provide an integrated approach for this population as the child care setting can be woven into the parent's educational programming. Parenting skills and child development can be taught to the parent by teachers associated with the child care center. Further, by observing the parent and child together, problems can be detected early and corrected.

Various funding mechanisms for school-based child care should be explored. In particular, IV-A funds through the Department of Social Services should be examined and a series of regulatory changes should be enacted. These changes should include an automatic acceptance of return to school as an appropriate program for IV-A funding and an expansion of the program to include HR recipients as well as ADC recipients.

An additional issue which requires further exploration is the use of school buses to transport infants, with their student parents, to school. Currently, due to insurance liability, most schools do not allow the infants

of student parents to ride on school buses, even if the school has a school-based child care program. Considering the lack of adequate public transportation in many communities, this poses a major barrier to service utilization. The State Education Department, in conjunction with appropriate state agencies such as the Insurance Department and Department of Law, should review this issue and develop appropriate recommendations.

RECOMMENDATION II: ACCESS TO QUALITY, COMPREHENSIVE AND AFFORDABLE HEALTH CARE SHOULD BE ENSURED FOR CHILDREN AND ADOLESCENTS

Healthy youth and family development cannot occur without universally available health care. Access to health care must be made equitable across all regions of the state and all socioeconomic groups. Far reaching strategies must be implemented to ensure basic health care for youth and families. The ability of youth to succeed in school and become self-sufficient and productive members of society rests to a large extent on adequate nutrition, the detection and treatment of medical problems, provision of preventive health services, health education, and reproductive health care.

Health care for youth, however, cannot simply be provided within the context of health care for the general population. Youth have special needs and perceive barriers to service that are unique to them. Services must, therefore, respond to these special issues if they are to attract young people and encourage regular health care use. In particular, services should be located at sites that are familiar to and, therefore, comfortable for children and youth. When this is not possible, sites which allow easy access by public transportation should be sought.

Additionally, staff should be trained to increase their sensitivity to the special issues, concerns and fears of youth. Providers who serve minority youth must also be concerned with ethnic and cultural issues, such as language, and ensure that their staff is representative of the population to be served. Finally, the cost of health care must be eliminated as a barrier to service, confidentiality must be assured, and eligibility requirements and procedures should be examined to reduce the current red tape which youth often face in trying to obtain the services they need.

IMPLEMENTATION STEPS

A. New York State should ensure that health practitioners are sensitive to the unique issues and concerns of adolescents and to the cultural and ethnic issues of those they serve.

Increasing the sensitivity of agency staff to the particular fears and concerns of adolescents would improve this population's utilization of health services. Currently, many agency staff lack knowledge of adolescent psychosocial and physical development. Such a lack hampers their ability to manage clients and provide relevant services. Compounding the problem for staff serving minority youth are differences in language, values and customs. Several strategies should be explored to increase the sensitivity of those serving the youth population. First, a work group should be convened to review the training curricula of health providers. Such a review should lead to recommendations to ensure that all relevant curricula

contain content on adolescent development. The work group should include representatives from the Department of Health and the State Education Department, as well as doctors and medical and nursing school officials.

Through increased emphasis on adolescent development in curricula for health professionals, it is expected that additional medical students will be interested in specializing in adolescent medicine. The curricula workgroup discussed above should consider strategies for promoting adolescent medicine as a specialty area.

Additionally, various state programs through the health and education departments are designed to recruit health care professionals. Some of these programs are targeted at recruiting minority students. Others are designed to place health care professionals in high need areas. Because many adolescents in need of medical care live in underserved areas and are members of minority groups, these programs have the potential to provide adolescents with needed care. An important placement option for these health care professionals should be health programs which serve at-risk, pregnant and parenting youth.

B. Family planning services must be increased and made more accessible.

According to the Alan Guttmacher Institute and others, there is a substantial unmet need for preventive reproductive health care for adolescents. Local indicators reflect similar levels of need in New York State. Research indicates a strong correlation between accessible, affordable and confidential family planning education and services and reduced rates of adolescent pregnancy, abortion and live births. If this unmet need were addressed, many fewer adolescents would run the risk of an unintended pregnancy. Therefore, funding should be increased for basic family planning services to meet these needs. Additional services should be targeted to areas with large youth populations or to areas in which services are currently inadequate. To enhance accessibility, such steps may be taken as: establishing satellite clinics in hard to reach areas; adding more convenient weekend and evening clinic sessions; and arranging linkages between schools and other community-based youth serving agencies.

Many experts cite the need to couple access to contraception with education and support services to encourage consistent and effective use by teens. Additionally, the educational and contraceptive needs of young men have not been adequately addressed, resulting in the perception of many males that family planning is a "female" issue. Therefore, beyond dollars to expand basic clinic services, additional funding should be made available to provide counseling and educational services and to promote services for males.

C. The Department of Health should ensure that the efforts to establish comprehensive prenatal- perinatal service networks effectively address the needs of pregnant and parenting adolescents.

In an effort to address the problem of low birth weight in New York State, the Governor has directed the Department of Health to develop an initiative. The approach under discussion involves the development of comprehensive prenatal-perinatal services networks which would address many of the issues raised by the Task Force over the past year. These include

service inaccessibility, fragmentation, discontinuity of service and duplication. The proposed networks, through the development of referral and communication linkages, collective policies and intra- and inter-organizational planning, would substantially improve service access for at-risk, pregnant and parenting adolescents.

This initiative should, therefore, be supported and encouraged. In supporting this initiative, however, the Task Force strongly recommends that particular attention be given to services for the adolescent population, which accounts for a disproportionate number of low birth weight babies. This should include targeting funds to areas of the state with high rates of adolescent pregnancy. Guidelines for the development of funded networks should require the participation of providers currently serving pregnant and parenting adolescents. Additionally, special attention should be paid to new services developed through these networks to ensure that they are responsive to the needs of adolescents.

D. Medicaid eligibility levels should be raised to ensure greater access to health care.

Most of the working poor in this country do not receive needed basic health and other services. Because of their income, they are not eligible for Medicaid. Yet, they do not possess adequate financial resources to pay for services themselves. They are literally caught in the middle of the system.

Access to health care is an essential part of a youth and family development strategy. Further, in instances where an adolescent parent seeks to remain with her immediate family after the birth of her child, the drain on family resources caused by increased health costs can become overwhelming.

Currently, the Department of Social Services is examining this issue for households of five or six and above, where Medicaid levels fall substantially below the poverty level. Such efforts should be encouraged, and the concept of closing the gap between the poverty level and net income levels, which are used to determine Medicaid eligibility, should be supported. This will ensure that a greater percentage of those in need of basic health care will receive services.

RECOMMENDATION III: NEW YORK STATE SHOULD ENSURE COORDINATION AT THE STATE AND LOCAL LEVELS

As with any population, it is essential to deal with the whole person and not just the crisis which caused him or her to be identified as a client. Typically, a pregnant, parenting or at-risk adolescent needs multiple services if she or he can realistically be expected to move towards a stable lifestyle. Among the necessary services are housing, educational/vocational training, health care, legal services, mental health services and others. Further, if New York State is to expand effectively its approach beyond one of responding to the crisis and instead focus on prevention, an even broader array of service systems must be brought together in a cohesive manner.

Historically, cooperation and coordination among service agencies has existed to varying degrees. Such cooperation has often centered around individual client issues, but has sometimes involved service strategies and planning. The need, however, is to strengthen the process and substantially broaden it to include community organizations, grass roots organizations, churches and other religious institutions, and civic groups. In doing so, the entire community is empowered to seek solutions to and assume responsibility for the problem of adolescent pregnancy.

It is clear that the issue of adolescent pregnancy is broad and crosses the jurisdiction of a number of state agencies. As stated in the Task Force's first report, adolescent pregnancy requires a comprehensive state policy which provides direction to individual agencies for ongoing policy development and decision-making.

The success of local efforts to respond to the issue of adolescent pregnancy in a comprehensive manner also rests on the state's ability to provide consistent guidance and mechanisms for local action. Multiple agencies must be involved in the delivery of services. However, to be effective, funding, program development and service delivery must be coordinated. New York State should take a number of specific steps to ensure the coordination of services related to adolescent pregnancy.

IMPLEMENTATION STEPS

A. New York State should require coordination and complementary planning on the local level.

Increasing concern about limited funding has aided in promoting the necessity of coordination and the importance of planning to assist in the rational, cost-effective allocation of dollars. However, human services systems have too often focused planning efforts narrowly within their particular service and funding systems. This has led to a series of parallel planning procedures at the local level, each resulting from a different state or federal requirement on its local counterpart. It is apparent that there are significant areas of overlapping responsibility in developing a strategy for adolescent pregnancy. There are health, economic, social service and educational concerns among others.

A community must assess the role of various local service systems and associated state, local or federal policy requirements to ensure complementary program development. By documenting the multisystem nature of required activities for this population and integrating them into a cohesive local network, community solutions can be generated and an effective system for addressing adolescent pregnancy can be realized. The involvement of community-based organizations and groups in this process should be strengthened to ensure that service strategies truly respond to community needs.

In order to develop a coordinated local response, the various plans must be linked together to form a coherent local process for planning for the comprehensive needs of various populations. Planning requirements set by each state agency on its local counterpart should contain clear directions and guidance for identifying populations of joint concern across systems and developing compatible funding and programmatic responses. Further, current

public participation requirements must be strengthened so that local planning processes become an access point for community groups in setting service priorities. The involvement of the community should be required at all points but most essentially at early stages of priority and issue development to ensure the greatest input on the plan. To accomplish this, it is essential that the planning regulations and guidelines for each required plan should be examined on an interagency basis for barriers to such collaborative local activity. Among the barriers which should be addressed are formats which discourage joint development of various plan components and conflicting timeframes for development and submission.

B. Coordinated service delivery should be enhanced by requiring involvement in local consortia by all grantees as a condition of all state funding for adolescent pregnancy related programs.

The effectiveness of any one service is often dependent on the degree to which it is linked to other services which the client needs. The reality of shrinking resources does not allow programs to attempt to meet all client needs within their own organizations. Rather, community resources must be linked in an effective manner to ensure service accessibility. The use of consortia allows community agencies and groups to come together in such a way that awareness of and client access to a wide range of services is increased. Further, the establishment of consortia provides a common forum for information exchange among diverse agencies with differing philosophies which otherwise might experience barriers to service coordination.

The establishment of local consortia with representation from a cross-section of service providers and concerned members of the community would create formal liaisons among these groups. Therefore, this forum would provide a mechanism for developing a common statement of needs and objectives which could be incorporated in a community's action plan. The complex needs of the population and the need to ensure cost-effective linkages dictates the necessity of encouraging consortia development.

Therefore, language should be inserted in all New York State funding guidelines for grants and other appropriations related to adolescent pregnancy, across state agencies, that any organization seeking funding must document its involvement or intent to participate in local corsortia-building activities, thus ensuring client access to a broad array of services. The development and maintenance of these linkages should be a requirement of continued funding. New York State must provide guidance to local communities in linking existing programs in order to expand the accessibility of services. Technical assistance and program monitoring should consistently focus on the effectiveness of these local linkages.

C. Task Force members should be appointed to other pertinent commissions.

Recognizing the critical nature of ensuring the availability of services to those who are pregnant and parenting, as well as developing a broader commitment to youth and family development, the Task Force must maintain a visible role in promoting awareness of the needs of the population. In many instances, the services and issues identified by the Task Force are under review by existing commissions and advisory groups at the state level. For example, task forces and commissions exist to respond to issues related to employment, education, child care and the homeless. A

members of the Task Force should be formally appointed to represent the Task Force on pertinent commissions already in existence and those created in the future. This will ensure that these other bodies address the specific needs of at-risk, pregnant and parenting adolescents. Further, through these linkages, the Task Force will strive to develop a broader commitment to youth and family development across providers associated with various issue areas.

D. Funding for the Governor's initiative should be expanded to ensure ongoing comprehensive service development.

The Governor's funding initiative, established through the Adolescent Pregnancy Prevention and Services Act, has as a basic principle the development of comprehensive, coordinated approaches in high-risk communities for the prevention of adolescent pregnancy and for better serving those who are pregnant, parenting and at-risk. The emphasis on communitywide planning and formal service coordination agreements is vital to effective service delivery and should continue to be supported. Further, the definition of high-risk communities within the initiative reflects the Task Force's recognition that numerous social and economic conditions contribute to the level of risk. The emphasis on reaching communities at risk due to inadequate health, education and economic supports, as well as high pregnancy rates, should be continued in subsequent program years. The planned evaluation of the initiative should focus on the coordination component of the local community services projects to provide insight on the effectiveness of requiring such communitywide coalition building.

E. The Council on Children and Families should convene an interagency policy group to ensure coordination of efforts around adolescent pregnancy issues.

Currently, individual state agencies often develop policies, initiatives and programs addressing adolescent pregnancy without consultation or input from other agencies. This results in duplication, conflicting regulations and uncoordinated services at the local level. While the Task Force process, in general, has been highly productive, specific activities necessary to effective coordination cannot be accomplished through the Task Force process alone. These limitations are due to the nature of many activities which form the basis of the agenda of the Executive Branch, such as the development of the Governor's legislative program, new program initiatives and the Executive Budget. The Task Force understands and respects the need for these activities to take place within the confines of the Executive Branch; however, current practice must be amended in the light of apparent limited coordination in the preparatory work taking place across agencies.

The Task Force realizes, however, that state efforts are currently being made in the area of coordination. These efforts include the general mandate of the Council on Children and Families to coordinate state activities around youth and families and the specific charge to the Council within the Teenage Services Act to undertake a review of all publicly funded programs and develop a comprehensive, interagency approach to policy development and program planning for pregnant adolescents and teenage parents.

In order to strengthen these efforts and ensure that they are in concert with Task Force priorities, it is recommended that a related structure to the Task Force, which will provide a consistent staff focus on coordination of efforts around adolescent pregnancy issues, be established. The group should be composed of representatives of the Department of Social Services, the State Education Department, the Division for Youth, the Department of Health, the Department of Labor, the Division of Housing and Community Renewal, the Office of Mental Health and other agencies as appropriate, under the coordination of the Council on Children and Families. This group of state agency representatives would be charged with reviewing proposed programs, policies and legislative initiatives. To the extent possible and appropriate, the group should advise the Task Force of its efforts. The goal of this group should be to present the Governor with a single set of initiatives and priorities reflected through coordinated activities across all state agencies.

Such coordination would ensure the cost-effectiveness of the state's efforts to serve at-risk, pregnant and parenting adolescents. In addition, the interagency team would provide a mechanism to integrate the Task Force's work into concrete program and policy development. Such a linkage is essential if the efforts of the Task Force are to result in improved services for at-risk, pregnant and parenting adolescents.

RECOMMENDATION IV: NEW YORK STATE SHOULD ENSURE THAT PROGRAMS AND POLICIES ENCOURAGE SELF-SUFFICIENCY

An increasing number of advocates, sociologists, researchers, and policy makers have called for an assessment of the current capacity to assist young people in making an effective transition to independent living. Significant work must be done to identify the role of all community institutions in aiding in this increasingly complex period of transition. In particular, youth in various risk categories, such as those in foster-care, pregnant and parenting teens and others, require a more intensive support system to become independent. These supports are too often not available. For example, much attention has been paid to the frequency with which teen mothers find themselves with no other recourse but to seek public assistance. While these young mothers have unique issues to deal with in adjusting to parental responsibilities, they share with many high-risk youth an inadequate preparation for young adulthood and self-sufficiency.

The educational system, human service agencies and the community at large must recognize that the basic skills necessary to live on one's own are learned just as any other skill is learned. Such education must be integrated into our academic and service strategies for young people.

For those requiring public assistance, the state has a responsibility to ensure that the assistance is not limited to cash support. Rather, the income maintenance system should provide the necessary supports and incentives to move the recipient to self-sufficiency.

A. All state agencies should cooperate with the Task Force in examining issues concerning the promotion of self-sufficiency.

The chorus of critics who are concerned that the current public assistance system creates dependency is growing. Many speak of the cycle of dependency which entraps one generation after another in a system which may be aiding in the creation of a permanent underclass. Yet, most research studies are inconclusive and provide limited direction for future change. There is a clear recognition that this is an issue of national concern, requiring federal cooperation. However, the importance of these issues compels New York State to initiate whatever activities it can to make welfare policies more effective.

In fact, there is ample reason to question the effectiveness of the current system. What is necessary is a systematic and comprehensive study of our current approach to assisting the poor in establishing self-directed, self-sufficient lives for themselves and their families. Before such a comprehensive study can be undertaken, however, preliminary work must be done. An examination of the relationship between economic conditions in the state and opportunities for self-sufficiency must be made and the questions and issues which would guide future work must be framed.

Because of the complexity of the issue and the breadth of the area of investigation, the Task Force will need the assistance of relevant state agencies in accomplishing its tasks. While the Task Force can readily access those agencies represented on the Task Force, a number of unaffiliated agencies, from which assistance will be necessary, will need to be approached.

B. New York State should provide transitional supports for individuals leaving public assistance to accept employment.

New York State has historically demonstrated its commitment to work with public assistance recipients to promote movement towards stable, unsubsidized employment. Current efforts to encourage work experience for ADC recipients with older children is another example of these efforts. However, this program does not involve the younger recipient with small children, who requires additional support to enter training and employment, but who often is the most eager to do so.

For these individuals, the transition from public assistance to employment is fraught with setbacks, often associated with the lack of adequate support services. Inadequate health coverage and the inability to arrange safe, consistent adequate child care often undermine families' efforts to sustain themselves without public assistance. Various communities are attempting to meet this gap with transitional support services. In fact, the state of Massachusetts has implemented a comprehensive series of employment training and support services to aid transition to unsubsidized employment. Initial findings from this project reveal significant savings to the ADC budget.

In order to structure an effective strategy to transition these young recipients off public assistance, New York State should allow for continued Medicaid eligibility for sixteen to twenty-one year olds for a minimum of six months after the client leaves the ADC caseload. This would provide a

grace period within which the client could arrange for alternative health care coverage. Additionally, child care vouchers should be available to this same age group for a one year period after the date of employment. These transitional supports should be implemented on a case by case basis in accordance with an individual case plan maintained at the local social services district level.

While many of these supports would benefit the broader public assistance population, the enormity of cost of full implementation and the unique needs of the sixteen to twenty-one year old population make it appropriate to target this population for demonstrating effectiveness before considering expansion.

RECOMMENDATION V: NEW STATE SHOULD ENSURE THAT A CONTINUUM OF APPROPRIATE LIVING ARRANGEMENTS IS AVAILABLE FOR PREGNANT AND PARENTING ADOLESCENTS

Housing needs of special populations often are among the most difficult to meet. For pregnant and parenting adolescents this is no exception. All pregnant and parenting adolescents should have access to affordable, safe and permanent living arrangements. While the individual needs of the young person should be the basis for determining which living arrangement is most appropriate, too often the decision is based solely on what is available at that time.

As a first course of action, it is necessary to increase efforts to strengthen and support families so that remaining with her basic support system is a viable option for a pregnant or parenting adolescent. Typically, funding programs in the area of adolescent pregnancy have focused only on the young woman, failing to address the needs of her natural support system.

For those youth for whom remaining home is not an option, the overall scarcity of adequate housing stock is an underlying problem which must be addressed. The number of homeless individuals in New York State and low vacancy rates in available rental units clearly underscore this fundamental need. Initiatives must be investigated which will increase available housing. The Task Force strongly recommends state level action to ensure that all those in need have access to adequate housing.

In addition to the basic housing shortage, there is also a scarcity of supportive housing models which meet the needs of pregnant and parenting adolescents. Specific program initiatives and models should be examined for development and replication. Only through such a multi-faceted approach to housing can New York State start to better meet the individual needs of each young person.

A. New York State should assess recent federal changes in public assistance regulations and develop recommendations to remove federal disincentives to teen parents remaining with their families.

Current income maintenance requirements pose restrictions to young mothers seeking to establish the most supportive living environment. Recent federal changes brought about by the Deficit Reduction Act of 1984 (DEFRA)

require that if the teen parent lives with her parents, the income of the teen mother's parents is automatically deemed available to the infant in determining eligibility for any public assistance. Service providers have expressed concern that this assumption of the grandparent's responsibility for the child may contribute to the teen parent being forced into a separate household, thereby disrupting her natural support system. Because of this federal requirement, young mothers often choose to or are forced to live in a separate household despite the lack of resources to care for the children and the lack of ability to manage a household and continue education and training. In order to support families and nurture natural support systems, New York State should provide evidence of the negative impact of this change and seek reversal of this action.

B. DSS should clarify procedures and regulations to encourage shared housing as an option for adolescent parents.

Efforts to encourage teen mothers to share apartments and provide support to each other as an alternative to living at home are also often complicated by the income maintenance system. Procedures to allow two public assistance "households" to share a common apartment while maintaining separate budgets should be clarified and made available to local social services districts. Additionally, the Department of Social Services has developed a special procedure for budgeting shelter allowances for the homeless population which removes disincentives from shared housing. For homeless ADC eligibles seeking to establish a joint household, the shelter allowances for the two budgets are not pro-rated. This procedure should be extended to adolescent parents to encourage shared housing.

C. Funds should be made available to demonstrate model housing arrangements for pregnant and parenting adolescents.

A continuum of appropriate housing arrangements, while recognized as essential, is rarely prioritized by local service providers because of the costly nature of most housing programs. Further, confusion over regulatory categories and licensing requirements impedes local activities. A specific allocation of funds should be appropriated under the Adolescent Pregnancy Prevention and Services Program (APPSP) or directly through an appropriate state agency to provide start-up and demonstration funds for innovative, special needs housing models for pregnant and parenting adolescents. If the program is administered as a separate initiative from APPSP, program development should be done in conjunction with the interagency team overseeing the implementation of APPSP.

Among the models which should be encouraged are shared housing programs where either teen parents are paired or where compatible individuals from another need group, such as the elderly, are paired with teen parents to develop a stable living arrangement and a built-in support network. Additionally, appropriate emergency and short-term housing models should be supported. Finally, more structured models which are rich in supportive staffing and emphasize skill development are necessary.

D. Housing strategies which bring together employment and training needs and public/private cooperation should be encouraged.

Too often, crisis reactions to a particular service need, such as

housing, neglect to investigate creative responses which could meet a larger array of needs and priorities. However, one such creative approach that has been successfully demonstrated is offered by the Youth Action Program of New York City. This program combines the renovation of in rem buildings into permanent housing through the provision of employment and training for community youth. An essential aspect of the success of this strategy is the involvement of building trade unions in overseeing these young construction crews through specialized apprenticeships. Finally, all participating youth are required to be involved in some academic activity, such as GED preparation or school attendance.

The multiple benefits of this strategy are obvious: increased housing stock; the development of supportive housing programs; job training; educational enhancement; and access to future union affiliation for youth previously facing, at best, underemployment.

Such examples of collaboration and creative problem solving must be expanded to meet the complex needs of youth. Union leaders, government officials and service providers should work together to identify additional sites for such activity as well as other service areas where such collaboration can be attempted.

RECOMMENDATION VI: NEW YORK STATE SHOULD ENSURE THAT THE PROMOTION OF EMPLOYMENT OPPORTUNITIES IS AN INTEGRATED PART OF ITS APPROACH TO ADDRESSING ADOLESCENT PREGNANCY.

Vocational training and subsequent employment are essential for young people to become self-sufficient. For pregnant and parenting youth, such opportunities can make the difference between long-term dependence or a self-sufficient lifestyle. Training and employment strategies, however, must result in jobs with adequate salary and promotional opportunities if dependency is to be avoided.

Governor Cuomo has recently indicated his interest in pursuing guaranteed employment for all adolescents who complete high school. Although the impetus for the concept is to reduce school dropout, the idea contributes to the view that all adolescents should be provided with the skills and opportunities to make an adequate living for themselves and their future families.

Employment issues must be examined from the broader perspective of youth and family development as well. To the extent that families can support and sustain themselves, they provide hope to their children and the ability to plan for their own futures. It is this sense of control over one's own destiny which is central to making responsible decisions, including the postponement of childbearing. While these broader concerns must be examined and integrated into a statewide employment policy, specific services must immediately be targeted to the at-risk, pregnant and parenting population.

A. The use of youth employment competencies under JTPA should be encouraged and expanded.

The Joint Training Partnership Act allows for the development of

alternative measures of success for youth involved in employment training under its auspices. These alternative measures are called youth competencies. The New York State Division for Youth is actively involved in developing youth competencies and training curricula for this population. A state-wide task force has also been established to aid in this process. These competencies allow criteria such as work maturity and other prevocational advances to be counted as positive outcomes. A number of local service delivery areas (SDAs) are currently attempting to integrate youth competencies into their performance standards. For many high-risk youth, this is an essential alternative to requiring unsubsidized employment as an outcome in all cases.

The use of youth competencies should be expanded and its availability made known to service providers serving pregnant and parenting adolescents. To expedite this process, NYS Department of Labor and Division for Youth should continue to assist SDAs to develop and refine youth employment competencies through the state Task Force on Youth Employment Competencies.

B. The NYS Department of Labor should encourage, through its local planning process, the development of local partnerships between community-based organizations serving pregnant and parenting adolescents and JTPA-funded employment programs.

Although JTPA requires that 40 percent of Title II-A funds be allocated for youth employment services, many service delivery areas are having difficulty expending these funds. Primary among the barriers is their inability to reach high risk youth, such as pregnant and parenting teens. Many of the community-based organizations which have the access to and trust of these youth are not linked to the JTPA service network.

Efforts should, therefore, be made to link JTPA-funded programs to adolescent pregnancy programs, coalitions and consortia in their geographic areas. Such linkages would provide ready access to clients. Additionally, specific agreements should be developed with providers of such supportive services as transportation and day care. These services must be available to pregnant and parenting teens if they are to be expected to take advantage of employment programs. The establishment of linkages and service contracts provides an effective mechanism for ensuring that needed ancillary services are provided while the employment program focuses on skill training.

C. The STEP program should be expanded to include a specific component of the program targeted to pregnant and parenting adolescents.

The School to Employment Program (STEP) was initiated by Governor Cuomo in 1983 to encourage youth to remain in school or for those who have already dropped out, to take part in some form of educational training by providing a stipended work experience. This program is an important component of New York State's strategy for youth employment. It also provides an excellent vehicle for focusing on the unique needs of pregnant and parenting teens. The program goal of remaining or returning to an educational program and receiving employment experience is crucial to this population.

In order to achieve this goal, however, pregnant and parenting teens require an intensive array of support services. Two such services which are crucial for this population are child care and transportation. Therefore,

these services should be mandated as a part of the STEP program for pregnant and parenting adolescents. Additionally, models which are designed for pregnant adolescents must be sensitive to their health needs and the timetable of their pregnancy and delivery. Priority should be given to funding programs which keep the pregnant adolescent and her partner engaged in school and employment throughout the pregnancy and encourage their return after the birth of the child.

RECOMMENDATION VII: NEW YORK STATE SHOULD EFFECTIVELY AND CONSISTENTLY USE THE MEDIA TO ADDRESS THE ISSUE OF ADOLESCENT PREGNANCY AND COUNTER NEGATIVE MESSAGES YOUTH CURRENTLY RECEIVE

The messages that young people receive through the media, as well as from their peers, strongly affect their perception of self and the development of values. The media, therefore, is in a powerful position to assist young people in the development of values and in developing into healthy, productive and responsible adults.

Additionally, more emphasis in the media should be placed on the concept of family. By targeting the family and portraying it as a viable and important entity, this natural support system for children and youth could be strengthened. While some efforts are currently being made in this direction, additional attention in the media to the potential strengths and benefits of the family unit is needed.

The success of media efforts to do this, however, rests on the development of positive, consistent messages to youth and families about 1) responsible sexual behavior, 2) a variety of achievable life goals and options and 3) the responsibilities of parenthood. In addition, accurate information and education must be presented so that youth will have the tools they need to respond positively to the messages.

IMPLEMENTATION STEPS

A. New York State, with the assistance of the Task Force, should develop and implement a mass media campaign.

To counter negative and mixed messages currently presented by the media and to increase community awareness of the problems associated with adolescent pregnancy, a mass media campaign on issues surrounding adolescent pregnancy should be conducted. The Community Education and Awareness Committee of the Task Force should work with relevant state agencies to develop and implement the campaign. Funding should be appropriated specifically to support these activities.

The campaign should have a positive theme but should clearly convey the difficulties caused by early parenthood. The spokesperson(s) should be someone with whom the audience can easily identify, and the target population should include at-risk adolescents, adolescent parents, males, siblings of pregnant and parenting adolescents and parents of adolescents.

B. New York State should provide necessary resources to the Task Force to conduct Youth Speakouts in conjunction with the media campaign.

In order to provide services successfully to those in need, providers must first assess what the needs are and then determine how best to meet them. Input from those they wish to serve should be an important component of this process.

To determine how youth feel about the information and services available to them around the issue of sexuality and pregnancy and what services they perceive they need, the Task Force is seeking to conduct Youth Speakouts around the state. At least one speakout should be held in each region of the state with an effort to reach youth from urban, rural, and suburban settings. These Speakouts would elicit valuable information to assist service providers and advocates for youth to ensure that existing services are accessible, approachable and relevant to youth and that unmet needs of both youth and families are addressed. Additional funding and staff support will be necessary to complete this undertaking. To heighten community awareness of the need to address adolescent pregnancy and sexuality, the Speakouts should be held in conjunction with the mass media campaign.

C. The Council on Children and Families should convene an interagency media group to coordinate efforts across state agencies.

To ensure the coordination of media efforts related to adolescent pregnancy across various state agencies, an interagency media group should be convened. The adolescent pregnancy media group should include public information officers from the Department of Health, the State Education Department, the Department of Social Services, the Division for Youth, and the Council on Children and Families. The group should be charged with an ongoing review of all media efforts of state agencies to ensure the cost effectiveness of such efforts. Common themes, which would ensure complementary, consistent messages across the various media campaigns, should be developed by the group, and target populations should be examined to determine if media efforts are reaching the appropriate audience.

V. FUTURE TASK FORCE AGENDA

Few issues are more complex or require a more comprehensive agenda than adolescent pregnancy. The Governor's Task Force on Adolescent Pregnancy is honored to be part of just such a statewide agenda formulated by the Governor. New York State has recognized the pressing nature of the crisis of adolescent pregnancy within the state and has sought broad involvement in addressing it. This has required a willingness to allow an examination of flaws and failures of past programs as well as an exceptional commitment of state agency time and resources. The Task Force has been an able and ready participant in forging New York State's comprehensive approach to the prevention of adolescent pregnancy.

Much work has been done by the Executive Branch, the Legislature, and the Task Force. This work constitutes only the beginning of necessary New York State action. However, even these preliminary steps have attracted attention nationwide, for they represent significant potential for addressing an issue which has eluded solutions and has only grown in magnitude.

The success of New York State's strategy will be dependent on maintaining a commitment to a long-term agenda which deals with the underlying issues of adolescent pregnancy. Adherence to such an agenda will ensure that individual steps build upon each other and continue to move New York in the desired directions. Such deliberate action has characterized the work of the Task Force over the past two years.

Working in collaboration with the appropriate state agencies and the Legislature, the Task Force has effectively articulated the problems to be addressed. The set of recommendations outlined in this report present important challenges to New York State for the coming year. The Task Force will share in meeting these challenges and will continue to shape New York State's response to the needs of these vulnerable youth and families.

As the recommendations and implementation steps in this report are examined, a clear focus for future Task Force activities emerges. In the following year, the Task Force will center its activities on the following areas, which encompass several of the larger goals described in this report.

The examination of the cost-effectiveness of policies and programs which address adolescent pregnancy is one of the charges to the Task Force under Executive Order 37 and is a central focus of Task Force activities. Building on past efforts, the Task Force will embark on further analysis of state funding streams, policies and programs, thereby assuring that they not only meet the needs of youth but do so in a cost-effective manner.

The Task Force recognizes the potential of the educational system to shape the lives and aspirations of our youth. Therefore, the Task Force will continue to focus in 1986 on the role of the educational system in addressing issues related to adolescent pregnancy. The goal of this work will be to develop strategies to improve the system's potential both to support healthy youth development and to improve service delivery for at-risk, pregnant and parenting adolescents.

In identifying priorities, the Task Force also recognizes the need to ensure that youth and families have access to affordable and comprehensive health care services. The numerous barriers to and gaps in health care make this an area of great importance. Thus, the Task Force will aid, as appropriate, the implementation of the health recommendations contained in this report, as well as examine a number of access issues in the coming year. These efforts will constitute the beginning of an in-depth analysis of the current health care system.

Several of the specific steps in this report focus on the need for increased coordination at the state level around adolescent pregnancy. The Task Force is committed to such coordination and will work with the Governor's Office and the Council on Children and Families toward the implementation of these steps. Efforts will include identifying and establishing working relationships with other task forces and commissions which are charged with addressing issues pertinent to at-risk, pregnant, and parenting adolescents and assisting with the organization of an interagency policy group.

As indicated in the preceding recommendations, the Task Force is concerned with ensuring that efforts to promote self-sufficiency among all youth are strengthened. For youth requiring public assistance, however, special attention must be paid to this issue. The degree to which current income and social support system encourages or discourages self-sufficiency needs to be thoroughly examined. While a comprehensive study of income and social supports far surpasses the capacity of the Task Force, it will begin preliminary work in this area in the next year. Following these activities, the Task Force will assess the need to recommend the establishment of a separate body to conduct a comprehensive examination of the system.

The need to educate individuals, families and communities about the issues surrounding early childbearing is great. The Task Force is committed to improving the media's ability to provide accurate information and education on the issue of adolescent pregnancy. Toward that goal, a mass media campaign will be developed and implemented, in conjunction with relevant state agencies. To ensure a youth perspective on efforts to address adolescent pregnancy, the Task Force will also seek to organize Youth Speakouts to coordinate with the media campaign.

The activities proposed for 1986 are a logical continuation of the work of the Task Force as a part of the larger New York State agenda. Guiding these activities is a commitment to helping our children and youth grow into productive adults, with a full spectrum of options and opportunities. The Task Force is optimistic that New York State can and will honor this commitment.